



DOCUMENT REVIEW OR COPY REQUEST FORM

This form must be completed before records are provided for inspection or are copied. Association records may be reviewed during normal business hours, by appointment, in accordance with Colorado law.

Member's Name: _____ **Daytime Phone:** _____

King's Deer Property Address: _____

Mailing Address: _____

Describe the records requested and if you want to review the records or receive a copy:

The cost of these copies shall be 25¢ per copy, plus a minimum \$5 administrative charge, plus postage if delivered by mail. For costs less than \$10, payment must be received at time the requested service is rendered. For costs expecting to exceed \$10, payment for the estimated costs will be required in advance and final settlement will be required at the time the requested service is rendered.

State the purpose for which you are requesting this information:

Authorization for pick up by someone other than the requesting Association Member.

_____ By initialing this line and by signing below, I authorize the following person to pick up the document(s) requested herein. I accept full responsibility for the use and disclosure of the documents received.

Name of Authorized Recipient: _____

Company: _____

Acknowledgement

I certify that I am the legal owner of the property listed above. I acknowledge that I am solely responsible for any liability or damages arising from, or relating to, the use of the information provided to me through this request. I certify the information provided will be used solely for the purpose stated above. I accept the financial obligations associated with satisfying the request stated above and shall pay when requested by the Association.

Member Signature: _____ **Date:** _____

Delivery

Date Received _____ Received By (name) _____

Date Promised _____ Date Delivered _____