

**The Knolls & Ravenna Hills Homeowners Association  
Request for Record Review**

Person making request:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell \_\_\_\_\_  
E Mail Address \_\_\_\_\_

Reason for Request

\_\_\_\_\_  
\_\_\_\_\_

Documents Requested:

____ Annual Meeting Minutes	Dates Requested _____
____ Board Meeting Minutes	Dates Requested _____
____ Balance Statements	Dates Requested _____
____ Income Statements	Dates Requested _____
____ Correspondence	Pertaining to _____
____ Other (list in detail)	_____ _____
____ Association membership list	

I understand that the records can only be physically inspected within the management company during normal business hours within five (5) business days of this request or during the next regularly scheduled owner or Board meeting occurring within thirty (30) days of the owner's request, at the discretion of the Board. If physical copies of records are requested to be mailed, faxed, or electronically mailed, a per page charge of \$0.10 plus office staff time to copy records will be billed and due. Additional mailing charges may apply. These charges shall be at the owner's expense and may be collected by the Association in advance. Items that are between the Board of Directors and an attorney are not open for review. Items that are of personal nature shared with the Board by a specific Association member will not be open for review.

\_\_\_\_\_  
Signature of person making request

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_