

Request to Inspect Records

Instructions: This request form must be completed by any owner desiring to inspect or receive copies of any Association books of account, meeting minutes, or other Association documents (the "Records"). No more than four weeks is needed to process a request. If there is a question with any request, the owner will be notified within a reasonable amount of time of the reason for any delay. The Association will notify the owner (by telephone, in person, by email, or in writing) that the Records are available and specify the time, date, and place for the inspection.

The Association requires that the owner provide the reason for each Record requested and the intended purpose of the request to protect the Association and personal confidences where necessary. The Association's goal and intent is to allow inspection of most Association documents. Given the personal and legal nature, however, of some documents, the Association must place reasonable restrictions on the inspection process. This includes a requirement that any inspection take place in the presence of a staff person assigned by the Association.

Inspections of the Association's Records shall take place during the time specified by the Association at the Association's office or at such other location as the Association's general manager designates. Copying charges are 50¢ per page and a minimum clerical fee of \$20 for the copying of pages. To preserve the sanctity of the Records, a physical Records inspection requires the presence of a staff member. If the Records inspection exceeds one hour, you, the owner, agree to pay \$75.00 per hour in quarter hour increments for staff attendance at the Records inspection. All inspection, copying, and mailing charges will be assessed to the owner's account and/or paid in advance, as the Board or general manager will determine.

This form must be completed in full, signed, and dated in order to process the request.

Owner's Name: _____ **Phone Number(s):** _____

Address: _____

Record Requested	Reason and Purpose of Request
1. _____ _____	_____ _____
2. _____ _____	_____ _____
3. _____ _____	_____ _____

4. _____

5. _____

Do you anticipate making copies of any Records to be inspected? ___ Yes ___ No

The charges listed in the instructions will be assessed to your account. If the charges are expected to exceed \$25.00, do you wish to receive a total estimate of the charges before receiving the Record?
___ Yes ___ No

I hereby agree not to use or distribute any information or documents obtained from the inspection or copying of any Association records for any reason or purpose other than that stated above. I agree to indemnify, defend, and hold Muirfield Association, Inc., its Directors, officers, and employees, and their respective successors, heirs, and assigns, harmless for any claim made or damage sustained by any person arising from, related to, or concerning my inspection, use, or receipt of copies of Association records. I further consent and agree that all inspection and copying charges incurred pursuant to this request, as outlined above, will be assessed to my account or paid in advance, as directed by the Board.

Owner Signature

Date

Print Name