

**Alpine Meadows HOA Request for Copies of Documents**

Person making request:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Description of the Documents Requested:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

I understand that the requested records can only be physically inspected within the management company during normal business hours within ten (10) business days of this request or during the next regularly scheduled Owners or Board meeting occurring within 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 \$0.75 plus office staff time to copy the 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. Those items that are between the Board of Directors and an attorney are not open for review. Items that are of a personal nature, shared with the Board by a specific Association member will not be open for review.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board Member/Management Company

\_\_\_\_\_  
Date

Please submit this form to:

Alpine Meadows HOA  
c/o Heritage Property Management  
2650 North Ave #116  
Grand Junction, CO 81501

Email: [info@hpmgj.com](mailto:info@hpmgj.com)

Questions call: 970-243-3186