

REQUEST TO INSPECT AND/OR OBTAIN RECORDS

AUTHORITY: RULES AND REGULATIONS, SECTION 5 & MEMBER RESOLUTION 91-05-18

REQUESTOR INFORMATION

PRINTED NAME:	DIV/LOT:	DATE:
ADDRESS, CITY, STATE, ZIP CODE:		
CLEARWOOD ADDRESS IF DIFFERENT THAN ABOVE:		
HOME PHONE:	BUSINESS PHONE:	
I AM THE <input type="checkbox"/> OWNER <input type="checkbox"/> AUTHORIZED AGENT FOR THE CLEARWOOD PROPERTY LISTED ABOVE.		

REQUEST INFORMATION:

WHAT INFORMATION/DOCUMENT(S) WOULD YOU LIKE A HAVE A COPY OF:

REQUEST TO INSPECT:

WHAT DOCUMENTS WOULD YOU LIKE TO INSPECT:

PURPOSE FOR INFORMATION AND USE:

I swear that the information provided to me will be used solely for the purpose set out above and will not be provided to any third person without authority of the Clearwood Community Association, Inc. I understand that, among other legal remedies, I stand in violation of the Covenants, By-Laws and Policies of this Association by my breach of this agreement.

MEMBER SIGNATURE:	DATE:
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NOTARIZED

As Notary public in and for the State of _____, residing in the County of _____, I do hereby certify that on this date personally appeared before me the individual described in and who executed the within instrument and acknowledged that the same is a free and voluntary act and deed the uses and purposes herein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, THIS DATE: _____

Commission expires: _____

CLEARWOOD RELEASE AUTHORIZATION

The information requested herein is released based on the representation of the member herein.

DATE & TIME:	PRINTED NAME, TITLE, AND SIGNATURE:
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