



25601 S. Sun Lakes Blvd., Sun Lakes, AZ 85248
Phone: 480.895.9270 * Fax: 480.895.1136

Request for Information

I, _____, a member of Sun Lakes Homeowners Association #1, entitled to vote, request examination of the Association's relevant books and records of account, minutes and record of members, pursuant to A.R.S. §33-1805 (SLHOA has ten (10) business days to provide the requested documents). I request copies as follows:

Examination and copying of the above requested for the following purpose:

The undersigned certifies under penalty of perjury under the laws of the State of Arizona, that he/she is an Association member in good standing and that the documents are being sought and will be used solely for the purpose(s) stated above.

Signature of Member

Date of Request

Address

Unit/Lot #

Email Address

Phone #

The records, books, minutes or copies requested above will be available for examination or pick up if copies are requested on (specific date and time): _____

For Office Use Only

Date Request Received: _____

By: _____

Date Request Completed: _____

By: _____

*Pursuant to A.R.S. §33-1805, an association may charge a fee for making copies of not more than fifteen (15) cents per page.

Signature

Date of Receipt