

EAGLE CREST MASTER ASSOCIATION

Request for Access to Association Books and Records

OWNER NAME _____

EAGLE CREST PROPERTY ADDRESS _____

OWNER MAILING ADDRESS (if different)

(Street Address or PO Box) City State Zip

PHONE NUMBER _____

Pursuant to the ORS 94.670 of the Oregon Revised Statutes, I hereby request that Eagle Crest Master Association (ECMA) provide access to the books and records of the Association.

The books and records that I wish to review are: (Please list)

I certify that my request to review the requested books and records of the Association is for a proper purpose related to my membership in the Association, and that this request is not for commercial purposes or my personal financial gain.

Specifically, my reason for wanting to review the requested books and records of the Association is:

I acknowledge and accept the Association’s records access and inspection procedures and other terms and conditions of the Association’s Records Examination and Privacy Policy (“Records Policy”). I acknowledge that the books and records of the Association will be made available to me as provided in the Records Policy, that the books and records requested may be reviewed at the office of the Association’s management company, and that there may be a cost associated with making these documents available to me. I agree to pay any costs associated with reviewing the books and records of the Association, including but not limited to costs of duplication, mailing and labor associated with making the books and records available. I further acknowledge that these costs may be required of me prior to reviewing the requested books and records.

OWNER SIGNATURE: _____ DATE _____

ASSOCIATION USE ONLY:

REQUEST RECEIVED BY _____ DATE _____, 20__ TIME _____ AM /PM

FEE \$ _____ NOTIFIED OWNER: DATE _____, 20__ BY EMAIL PHONE

PAYMENT METHOD _____

RECORDS REVIEWED AT OFFICE BY: _____ DATE _____, 20__

RECORDS MAILED: DATE _____, 20__

RECORDS WITHHELD (LIST DOCUMENT AND REASON): _____
