



Michaywé Owners Association



MOA Records Request Form

Date of Request: _____

Member Name: _____ (MUST BE "IN GOOD STANDING")

Address: _____ Lot #: _____

Phone: _____ E-mail: _____

Pursuant to MOA's *Records Policy*, I hereby request access to the following records:

1.) _____

Specific Reason for Request: _____

2.) _____

Specific Reason for Request: _____

3.) _____

Specific Reason for Request: _____

4.) _____

Specific Reason for Request: _____

I have read and understand the MOA Records Policy and agree to its terms as stated.

Member Signature _____ Date: _____

MOA OFFICE USE

Received By: _____ Date: _____ Date Response Required: _____ 30-Day Extension: _____

Response: DENIED IN PART IN FULL (circle one) (Attach response to this form when complete)

Amount Due: \$ _____ MUST BE PAID IN FULL BEFORE INFORMATION IS RELEASED

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Think Michaywé First!