

WILLOW SPRINGS

REQUEST TO REVIEW RECORDS

UNIT# _____

DATE: _____

Applicant: _____

TO: Board of Directors, Willow Springs Condos

I request permission to review Willow Springs' books and records on ____/____/20____ between business hours 10:55AM to 11:55AM. This request must be received by the Office 10 business days prior to your appointment.

DOCUMENT(S) REQUESTED	PURPOSE OF REVIEW

I agree not to damage, deface, mutilate, misfile or remove any records I handle during this review.

My review will be in accordance with and in acceptance of the provisions of Article 1396-2.23 of the Texas Non-Profit Corporation Act, which is attached to this Request.

If I am unable to make the scheduled appointment, I must notify the Office in writing or in person 2 business days prior to the appointment. Failure to do so will result in my Unit's account being charged for any fees which may occur due to the requested appointment, i.e., accountant and/or attorney fees, etc.

Applicant's Signature:

Approved by President of HOA:

DATE: _____