RECORDS INSPECTION REQUEST FORM

1. OWNER NAME:

2. OWNER UNIT OR LOT:

3. OWNER ADDRESS:

4. PHONE NUMBER:

5. DATE:

6. State the purpose of the request:

_____

_____

_____

7. RECORDS REQUESTED:

   A.

   B.

   C.

   D.

   E.

   F.

   G.

Under [ORS 100.480] [ORS 94.670] [RCW 64.38.045] you may be charged reasonable copy or administrative expenses for this request. You will be notified of those costs within ____ days of submitting this request. Those costs must be paid prior to duplication or inspection.

_____
OWNER SIGNATURE