



## Bay Point Community Association Records Request Form

**Date of Request:** \_\_\_\_\_

Name of Requested: \_\_\_\_\_

Lot#/Unit# Owned: (Required) \_\_\_\_\_

Property Address:(Required) \_\_\_\_\_

Mailing Address: (Required) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Requested Documents:** \*Provide as much specific detail as possible so the agency can identify the information. Please use the back of the sheet if necessary.

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I understand that these Official Records will be made available to me within 10 working days from the requested date. Inspections shall be conducted between the hours of 9:00am to 3:00pm Monday through Friday. The Documents will be made available within a reasonable time by the Association within 10 (ten) business days.

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### For Bay Point Community Association Use Only:

Date Received: \_\_\_\_\_ Received By \_\_\_\_\_

Notes:

Date Provided: \_\_\_\_\_

Provided By: \_\_\_\_\_

Method of Delivery: ☐ In-Person ☐ Mail ☐ Email

Confirmation of Receipt (if applicable): \_\_\_\_\_