



**Hot Springs Village Property Owners Association, Inc. (HSVPOA)
Request to Schedule Records Inspection**

Please check yes or no on each of the following:

1. Are you a member of HSVPOA, as defined in Article III, Section 1 of the Association's Declaration? ___ Yes or ___ No
2. Have you determined that the information requested is not readily available on the Association's member website: www.explorethevillage.com/members? ___ Yes or ___ No
3. Are you seeking access to these records for your own knowledge of Association affairs? ___ Yes or ___ No
4. Do you intend to make these records available to those who are not members of HSVPOA? ___ Yes or ___ No
5. Do you intend to use the information to the detriment of the Association or others? ___ Yes or ___ No

Requester Information

Today's Date: _____ HSVPOA Member Number: _____

Name: _____ Signature: _____

HSVPOA Property Address: _____ Phone Number: _____

Information Requested (Please be specific): _____

The purpose of my request is: _____

Preferred Dates of Inspection: _____

Please Note: If records containing information in excess of member contact information or non-job-related personnel information are made available for inspection, the affected member(s) or employee(s) will be notified and informed of the identity of the party making the request for inspection