



RECORD REQUEST FORM

Prior to submitting this Record Request, please review our Record Accessibility/Production Policy. It is available at www.KWCIA.com. You must be a property owner in Kingspark or Whitehall subdivisions or an authorized agent and may only request open records or specific records pertaining to your property. All documents are copies of the most recent as filed with the County of Galveston and required by law. All forms must be complete and accurate to be processed.

Name: _____ Property Address: _____

Mailing Address (if different from Property Address): _____

Phone Number: _____ E-Mail (electronic delivery only): _____

Delivery Options: Electronic US Mail Meet In Person (We Will Call When Records Are Ready)

A. Formal Request to REVIEW Association Records:

Date Requested: _____ Time Requested: _____
Location: Friendswood Activity Building, Conference Room D

B. Formal Request to RECEIVE COPIES of Association Records/Documents:
(Please check any you would like copies of; indicate years if required)

- | | |
|--|---|
| <input type="checkbox"/> Account History (5 Yr Max)
_____ | <input type="checkbox"/> Monthly Statement (Mo/Yr, 7 Yr Max)
_____ |
| <input type="checkbox"/> Articles of Incorporation
_____ | <input type="checkbox"/> Payment Plan Policy
_____ |
| <input type="checkbox"/> Billing/Payment Policy
_____ | <input type="checkbox"/> Record Accessibility/Production Policy
_____ |
| <input type="checkbox"/> Budget (7 Yr Max)
_____ | <input type="checkbox"/> Record Retention Policy
_____ |
| <input type="checkbox"/> Bylaws
_____ | <input type="checkbox"/> Residential Covenants (Deed Restrictions)
_____ |
| <input type="checkbox"/> Check Copies for your Account (7 Yr Max)
_____ | <input type="checkbox"/> Year End Financial Statement (7 Yr Max)
_____ |
| <input type="checkbox"/> Contracts (4 Yr Max)
_____ | <input type="checkbox"/> Other Requests:

_____ |
| <input type="checkbox"/> Management Certificate
_____ | |
| <input type="checkbox"/> Meeting Minutes Sum. (Mo/Yr, 7 Yr Max)
_____ | |

Board: _____

Executive: _____

Member: _____