Oaks of Seminole Condominium Association, Inc.
11800 Park Boulevard, Box 600 Mail Drop
Seminole, Florida 33772

Request to Access Association Records

Date of Association receipt of written request: _____

Name of Member/Authorized Representative: _____

Phone: _____ Unit Number: _____ Appointment: _____

I request to inspect the following official records of the association and have made an appointment on _____ at _____
(Identify and list each document to be inspected and/or copied)

Document/Date	Provided	Comments
1. _____	Yes / No	_____
Satisfactory reviewed by: _____	Doc Provided by: _____	
2. _____	Yes / No	_____
Satisfactory reviewed by: _____	Doc Provided by: _____	
3. _____	Yes / No	_____
Satisfactory reviewed by: _____	Doc Provided by: _____	
4. _____	Yes / No	_____
Satisfactory reviewed by: _____	Doc Provided by: _____	
5. _____	Yes / No	_____
Satisfactory reviewed by: _____	Doc Provided by: _____	
6. _____	Yes / No	_____
Satisfactory reviewed by: _____	Doc Provided by: _____	
7. _____	Yes / No	_____
Satisfactory reviewed by: _____	Doc Provided by: _____	
8. _____	Yes / No	_____
Satisfactory reviewed by: _____	Doc Provided by: _____	

If more space is needed regarding the request and/or additional comments about the request, please attach additional pages.