

CO-OWNER RECORD REQUEST FORM
WABEEK FAIRWAYS WEST NO. 2

Date: _____
Co-owner Name(s): _____
Address or Unit Number: _____

1. State all Books and Records Requested:

2. State with reasonable particularity the purpose of the inspection of each of the Books and Records listed in Paragraph #1:

3. State how each of the requested Books and Records listed in Paragraph #1 are directly connected with the purpose stated in Paragraph #2:

By signing and submitted this Co-owner Record Request Form, I am acknowledging that the Association will consider this request in light of the applicable provisions of the Michigan Nonprofit Corporation Act, the Michigan Condominium Act, and the Rules Regarding Access to Association Books and Records. I further acknowledge that use of this Co-owner Request Form does not in and of itself guarantee production of any or all of the requested Books and Records.

Co-owner Name

Co-owner Name