

HOMESTEAD OWNERS ASSOCIATION INC. Documentation Request Form and Policy

Please completely fill out this form to request one or more of the following documents. You may choose to receive the documents via email in PDF form or in the form of a copy. If you would like a hard copy of a document you will be charged 25 cents per page. All requested documents will be available to pick up within 5 business days. The phone number listed below will be called when your documents are finished and ready for pickup. Homeowners who are selling their property are required to provide, and will receive at no charge a "sellers" packet.

ould	like the documents in:		
	appointment date and time requested		
	Email Address:		
ase (check the boxes of all documents you would like to	receive:	
	Articles of Incorporation		
	Declaration of Covenants, Conditions, and Restrictions		
	Bylaws		
	PUD Guidelines for Filing 1		
	PUD Guidelines for Filing 2		
	PUD Guidelines for Filing 3		
	PUD Guidelines for Homestead Open Space		
	Architectural Standards and Guidelines		
	Yearly Accountant Reviewed Financial Report	Year:	
	Past Board of Directors Meeting Minutes	Month/Year:	
	Past Newsletters	Month/Year:	
	Past Surveys sent out	Month/Year:	
	Past Billing Statement	Month/Year:	
	Past Budgets	Month/Year:	
	Current Budget		
	Reserve Study		
	List of Board Members & their contact information		
	Homestead Owners Association Rules and Regulations including all policies		
	Homestead Court Club Rules and Regulations		
	New Homeowner Welcome Packet		
	Homestead Wage and Salary schedule		
	Homestead insurance policy discloser list		
	A "sellers" packet including Buyer acknowledgment form to be returned to Homestead.		
Name:		Date:	
Account #:Ph		Number:	
	rpose for request:		
	te: We are unable to give out any information reg	•	
	nail address, social security number, DRC submitted		
	cumentation will only be given out to current Hom ntract to purchase a Homestead property. Homeste		
	cords request whose purpose is not in "good faith".		
iec	cords request whose purpose is not in good faith	•	
То	be filled out by staff:		
Date Completed: Amount Charged:			
Sta	iff Member who completed request:		