

Georgetown Village Condominium

DOCUMENT REQUEST

Name: _____ Telephone No. _____

Address: _____

Email Address: _____

DOCUMENT(S) REQUESTED: _____

PURPOSE FOR WHICH THE DOCUMENT(S) IS REQUESTED: _____

Examination of books and records of Georgetown Village Condominium will be arranged during normal business hours of the Association's Management Office, Monday through Friday, except holidays, 8:00 a.m. to 4:30 p.m., pursuant to the Maryland Condominium Act, Real Property 11-116, Annotated Code of Maryland. The requestor of the information is solely responsible for any legal liability or damages arising from or relating to his or her use of the information. The Association provides the information and/or documents as required by the Act, but it assumes no liability or responsibility for the manner in which the information is used by the requestor.

By my signature below, I agree to the following:

- (1) The information will be used solely with regard to matters affecting the Association, and not for commercial purposes;
- (2) The information will not be shared with any person not an owner at Georgetown Village Condominium; and
- (3) No endorsement or approval of the Association will be stated or implied in communication to the owners.

Date

Signature

Note: *Georgetown Village Condominium charges \$.10 (ten cents) for each page copied. Georgetown Village Condominium may charge for time required to retrieve materials at actual cost incurred when time extends beyond one (1) hour.*