



LAKE BARRINGTON COMMUNITY HOMEOWNERS ASSOCIATION

64 Old Barn Road ♦ Lake Barrington, Illinois 60010 ♦ PHONE: 847-382-1660 ♦ FAX: 847-382-2731

Lake Barrington Shores Document/Records Request Form

Any Owner within Lake Barrington Shores shall have the right to inspect, examine and make copies of association records, for the Lake Barrington Community Homeowners Association or their individual Condominium Association (the collectively "Association"), in person or by agent, at any reasonable time or times, at the Association's principal office. In order to exercise this right, the Owner must submit a written request to the Association's board of directors or its authorized agent, stating with particularity the records sought to be examined.

Owners shall use this form to request any association records. You may print this form, complete it, sign it and either mail or fax it to the Lake Barrington Shores Management Office to the address or facsimile number listed at the end of this form.

Requester Identification Data:

Your Name: _____ Condo Association # _____

Your Unit Address: _____

Mailing Address, if different: _____

Telephone: _____ Alternate telephone #: _____

(Note: Requests are not accepted via telephone. We may, however, need to contact you to discuss your request.)

Type of Records for examination and/or copying:

A. You may request the following for any reason:

- (1) the association's declaration, bylaws, and plats of survey, and all related amendments.
- (2) the rules and regulations of the association;
- (3) the articles of incorporation of the association and all amendments to the articles of incorporation;
- (4) minutes of all meetings of the association and its board of directors for the immediately preceding 7 years; and
- (5) all current policies of insurance of the association.

B. You may request the following upon submitting a specific and particular proper purpose:

- (1) all contracts, leases, and other agreements then in effect to which the association is a party or under which the association or the unit owners have obligations or liabilities;
- (2) a current listing of the names, addresses, and weighted vote of all members entitled to vote;
- (3) ballots and proxies related to ballots for all matters voted on by the members of the association during the immediately preceding 12 months, including but not limited to the election of members of the board of directors; and
- (4) the books and records of account for the association's current and 10 immediately preceding fiscal years, including but not limited to itemized and detailed records of all receipts and expenditures.
- (5) Other

Specific and Particular Purpose (to be completed to request a document in Section B above): _____

PLEASE BE SURE TO COMPLETE THE REVERSE SIDE OF THIS FORM!



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Documents Requested:

Please list, as clearly as possible, the name of the document(s), the type of document(s), date of or date range of the document(s) and any other specifics you may have that will identify the records you seek.

List your requested items below:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Time in Processing of Your Request:

The Lake Barrington Shores Management Office has 30 working days in which to respond to your request. If you have an urgent matter involving your request, please provide details: _____

Fees (if applicable):

The actual cost to the association of retrieving and making requested records available for inspection and examination as a result of this request shall be charged by the Association to the requesting Owner. If an Owner requests copies of records, the actual costs to the Association for reproducing the records shall also be charged by the Association to the owner, including, but not limited to postage.

Signature of Requester

Date: _____

Mail or Fax this request to

FAX: (847) 382-2731
Lake Barrington Shores Management Office
Attn: Community Manager
64 Old Barn Road
Lake Barrington, IL 60010

Signed requests are accepted via facsimile transmissions. We do not, however, provide information via facsimile transmissions due to internal administrative processing requirements. Questions or comments concerning this form can be directed to (847) 382-1660.

LBCHA OFFICE USE ONLY:

Date Received: _____

Processed by: _____

Date Completed: _____