

Association of Angel Fire Property Owners, Inc.

Member Request to inspect records

Name of Requester: _____

Membership Number of Requester: _____

Telephone Number: _____ E-mail Address: _____

Mailing Address: _____

Description of Records Requested for Inspection: _____

Records will be made available for inspection, in the presence of the records custodian. Original records may not be removed from the Association of Angel Fire Property Owners offices. There will be a fee of \$.10 per page if copies are requested.

Signature of Person Requesting Records Inspection

Date

This form can be e-mailed to executive-director@aafpo.org or mailed to AAFPO, PO Box 21, Angel Fire, NM 87710.