

**REQUEST FOR  
INSPECTION AND COPYING OF RECORDS**

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Lot/Unit #: \_\_\_\_\_ Lot/Unit Address: \_\_\_\_\_

Requestor's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Requestor's Daytime Phone Number: \_\_\_\_\_

Records Requested (please specify the month and year as well as document description):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Purpose for requesting records / intended use of the information:

\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that the records I am requesting may only be used for purposes related to association business and that no owner, including myself, may use any information contained in the records for any commercial purpose and may not sell, transfer or give the information away to any other person for any purpose. I understand that the Idaho Corporations Code (Title 30) gives the Association the right to obtain an injunction and damages from a court of law to prevent my misuse of the information I obtain. I also understand that the Idaho Code allows the Association to withhold or redact information where the Association reasonably believes that the release of such information is likely to lead to identity theft or fraud, or where the information is privileged under law.

Requestor: \_\_\_\_\_  
(signature)

Submit Request to: Lava Falls HOA  
c/o Riverside Management Company, Inc.  
8919 W. Ardene Street  
Boise, Idaho 83709

Email: riversideboise@aol.com  
phone: (208)-376-1616  
Fax: (208)-378-7676