



CONDOMINIUM ASSOCIATION, INC.

Search And Copy Request Form

Date: _____.

Name: _____.

Building Address: _____.

Unit Number: _____.

Telephone Number: _____.



Items Requested:



The Space Below Is For Office Use Only! **Do Not** Write In This Area.

Inspection Date: _____.

Amount Collected: \$ _____ Check _____ Cash _____

If Paid By Check Include Check # Here _____

Name Of Staff Or Board Member Present At Inspection _____