



THE OAKS

Community Association

5607 Jackson Valley Road | Lone, CA 95640 | 209-274-6056 | office@theoaksone.com

Request to Inspect & or Copy Records

Date of Request: _____

Document(s) Requested: _____

Civil Code Section Cited: (if known) _____

Are you asking to inspect documents in the office or are you asking that the documents be copied? _____

To inspect documents in the office you will need to make an appointment with the Community Manager: _____

To have documents copied you must pre-pay the copy cost. The cost for copies will be .10 cents per page and may also include a charge of \$10.00 per hour for staff time.

The Community Manager will estimate the cost for copies. Because electronic transmissions are easily altered our policy is to distribute hard copies of all documents. We do not email documents.

Are you willing to approve the charges? _____

What is the purpose of your request? _____

Lot Number: _____ Property Address: _____

Signature: _____

Office Use:

Date Request was received: _____ Date Documents were delivered: _____

Copy charges Paid: _____

Person Documents Were Delivered To: _____