

## **Document Inspection Request Form**

Owner (Applicant):		Account #:	
			Zip:
Documents you are requesting	g to inspect: (Please be specific)		
	requesting to inspect documents ou ng access to documents outlined above		ovide background information
(Initials) I cert	ify I will use the information for	the described purpose	
` ,	rm my understanding that the introduced resolution resolution solution and shall not be copie	1 10	<b>U</b> 1
	erstand that contracts will be vie	wable for inspection at the F	Property Management
office only, no	copies will be provided.		
Please send your request to:	<b>Timmons Properties</b>		383-1777 ext. 101
	1114 17 <sup>th</sup> Ave S. Suite 101		//www.timmonsproperties.com
	Nashville, TN 37212	•	entcreekhoa.org
	nformation is true and correct to the be	•	
Owner/Applicant Signature:		Date:	
Co-Owner/Applicant Signature:		Date:	