

REQUEST FOR PLHA DOCUMENT OR RECORD

(PLEASE COMPLETE ALL ENTRIES)

Payment in FULL is required prior to release of information or copies.

1. Date of Request: _____

2. Requester's First and Last Name: _____

Full Address: _____

Phone Number: _____

3. I am aware that I am not permitted to inspect or copy information that may concern the following: (from The Virginia Code, Section 55-510C)

- a. Personnel matters relating to specific, identified persons or a person's medical records;
- b. Contracts, leases, and other commercial transactions to purchase or provide goods or services, currently in or under negotiation;
- c. Pending or probable litigation. Probable litigation means those instances where there has been a specific threat of litigation from a party or the legal counsel of a party;
- d. Matters involving state or local administrative or other formal proceedings before a government tribunal for enforcement of the association documents or rules and regulations promulgated pursuant to paragraph 55-513;
- e. Communications with legal counsel which relates to subdivisions 1-4 or which is protected by the attorney-client privilege or the attorney work product doctrine;
- f. Disclosure of information in violation of law;
- g. Meeting minutes or other confidential records of an executive session of the board of directors held in accordance with subsection C of paragraph 55-10.1;
- h. Documentation, correspondence or management or board reports compiled for or on behalf of the association or the board by its agents or committees for consideration by the board in executive session; or
- i. Individual unit owner or member files, other than those of the requesting lot owner, including any individual lot owner's or member's files kept by or on behalf of the association.

4. Purpose of Request: (please complete with as much specificity as possible, additional space on back)

5. Requested Document Title/Subject:(please give as many details as possible to facilitate process, additional space provided on back)

6. Signature of Requester: _____

7. Request: Approved Denied (see attached letter)

- See Reverse for Fee Computation -

8. Copying and/or Research Fee Computation: (to be completed by the Community Manager/Treasurer)

Research Fee	Hours () X Rate () =	\$
Copy Fee	No. Copies () X Rate () =	\$
Total Charged		\$
Total Collected		\$
Date Fees Paid		

9. Cash, Certified Check or Money Order Received: Amount \$_____ Check No. _____
 Date _____ (payment in full is required BEFORE release in whole or in part of requested information)

10. Date Document Provided: _____

11. Community Manager Signature: _____

12. Remarks: