REQUEST FOR DISCLOSURE PACKET MARYLAND – HOMEOWNER ASSOCIATION

Ocean Pines Association

Lot Owner:						
	Section	Lot #				
Lot Address:						
Home Phone: Mailing Address:		Office:				
Association Dis documents must Homeowners A documents on m I understand that actual receipt of must accompany Enclosed is a chter \$20 for document in hereby certify documents inclute the Association.	sclosure Packet for the provided by the ct, Section 11B-1 my behalf. It the Association of this request and the provided in the amount of the provided in the amount of the provided in the Declaration of the provided in the provided by the	the Association Disclosure Packet must be provided to me within twenty (20) days of the his request and that payment in full in preparation of the Association Disclosure Packet				
Real Estate Agent:						
Address:						
Address.						
Phone:						
Date of Request:		Amount Paid:	Che	eck #:		
	Owner Signature	e				

PAYMENT MUST ACCOMPANY THIS REQUEST