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Mailed      Picked Up By:  Owner     Agent     Courier  
 Picked Up By (print name): \_\_\_\_\_  
 Signature: \_\_\_\_\_      Date: \_\_\_\_\_

# Document Request

**DOCUMENTS:** *(in alphabetical order)*

	Pages	Cost *
1. Architectural Design Manual (most recent version) .....	73	\$ 9.51
2. Articles of Incorporation.....	10	\$ 2.70
3. Association Bylaws.....	23	\$ 4.11
4. Covenants, Conditions and Restrictions .....	193	\$ 22.48
5. Financial Statement (Income Statement and Balance Sheet) .....	_____	\$ _____
6. Insurance Certificate.....	1	\$ .27
7. Minutes from meeting of the Board of Directors.....	_____	\$ _____
8. Operating Budget (most current).....	3	\$ .81
9. Policies		
A. Abatement Policy.....	3	\$ .81
B. Architectural Review Fee Resolution.....	2	\$ .54
C. Collection Policy.....	3	\$ .81
D. Finance Policy.....	2	\$ .54
E. Penalty Policy .....	3	\$ .81
10. Rules & Regulations.....	15	\$ 3.24
11. Summary of the Reserves.....	5	\$ 1.35
12. Other (please describe) _____ .....		(cost per quantity of pages*)
<b>Total Costs</b> _____		<b>\$ _____</b>

\*Cost for photocopies. All costs are calculated at 25 cents each for the first 10 pages and 10 cents for additional pages.  
 Electronic format available for \$20.00.

**PAYMENT:** No cash or personal checks accepted. Paypal is now available. Standard Paypal fees apply. Money orders or cashier's checks made payable to "OMS" only.

**DELIVERY:** NRS 116.4109(3) generally states that the Association shall furnish these documents within 10 days after receiving a written request by the Owner or the Owner's authorized agent.

All charges include sales tax.

	<u>FEE</u>	<u>TOTAL</u>
<b>FORMAT CHOICE (select one):</b>		
(1) CD	\$20.00	
or (2) Photocopies	<i>(Total above)</i>	\$ _____
<b>DELIVERY OPTIONS:</b>		
3-Day Expedite**	\$100.00	\$ _____
24-Hour Expedite**	\$125.00	\$ _____
Mailing & Postage Fee	\$8.50	\$ _____
<b>Total Charges</b>		<b>\$ _____</b>

\*\* Excludes weekends, holidays, and office closures.

**PROPERTY:**

Owner \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing *(if applicable)* \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**AUTHORIZATION:**

*Owner's signature required*

\_\_\_\_\_

**Owner's Signature**

**Date**

*I authorize OMS to release the Documents requested above to my representative (full name)*

\_\_\_\_\_

**Authorized Representative**