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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*)
Total Costs _____		\$ _____

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

** 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