

11411 Southern Highlands Parkway, Suite 100  
Las Vegas, NV 89141  
(702) 361-6640  
resalepackets@olympiacompanies.com

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

# Document Request

DOCUMENTS: <i>(in alphabetical order)</i>	Pages	Cost *
1. Architectural Design Manual (most recent version).....	51	\$ 7.14
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**