RECREATION CENTERS OF SUN CITY, INC.

10626 West Thunderbird Blvd. Sun City AZ 85351 623-561-4600

REQUEST FOR REVIEW OF CORPORATE RECORDS

I (we) request to review the following documents.	
Your request must be ma	de in good faith and for a proper purpose.
-	red statement of the specific records requested and the specific The records must be directly connected with your purpose.
Person requesting to rev six months before the rec	iew documents must be a Member in good standing for at least quest to review.
Date	Signature
Membership Number	Address
	Telephone number
Approved for review:	BOARD OF DIRECTORS
Date	
(Please allow at least five business	days for processing of the request.)
DATE OF EXAMINATI	ON:
WITNESSED BY:	SIGNATURE OF DOSC EMBLOVEE/DIRECTOR

FORM BP:3