



**Triple Creek Homeowner's Association Records Request Form**

**Member Information:**      **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Request Details: Records Requested:**

(Please provide a detailed description of the records you are requesting. Include dates, types of records, or any specific information you need.)

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• **Additional Email Addresses:**

(List up to two additional email addresses where records should be sent.)

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Preferred Method of Delivery:**       Email       In-Person Viewing

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Please complete and submit this form via email to TripleC@ciramail.com or by certified mail to:

**Triple Creek HOA**  
13013 Boggy Creek Drive  
Riverview, FL 33579  
Attention: Manager

**For Office Use Only:**

- **Date Request Received:** \_\_\_\_\_
- **Date Response Sent:** \_\_\_\_\_
- **Method of Delivery:** [ ] Email [ ] In-Person
- **Fee Charged (if any):** \_\_\_\_\_

**Notes:**

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Thank You