



Princeville *at Hanalei* Community Association

Enhancing the Quality of Life and Princeville Experience for its Members

DOCUMENT REQUEST FORM

(Member Records Request)

Requestor Name: _____

Unit Address: _____ **Lot#:** _____

Mailing Address (if different): _____

Phone: _____ **Email:** _____

Preferred Delivery Method: Email Pick-up Mail In-Person Review

(Some documents may be available for in-person review only.)

Document(s) Requested:

(Please identify the specific documents requested, including document type, subject matter, and date range where known. Vague or overbroad requests may be returned for clarification before processing begins.)

Member Acknowledgment:

1. I certify that I am a member of the Princeville at Hanalei Community Association.
2. I understand that requested documents will be reviewed for confidentiality, legal privilege, and applicable statutory protections before release.
3. I agree not to use Association records in a manner that violates applicable law or compromises the privacy of individual members.
4. I understand that fees applicable to my request will be determined by the PHCA Records Request Fee Schedule, available upon request and on the PHCA website.

I understand that certain records require a Good Faith Affidavit prior to production. If required, PHCA will notify me and issue the appropriate form before processing begins.

Signature: _____ **Date:** _____

PHCA USE ONLY

Date Received: _____ | Staff Initials: _____

Request Denied – Reason: _____

Request Approved

Request Partially Approved

Additional Info Required

Record Category: A B C D E F

Affidavit Required

Date Fulfilled: _____ | Fulfilled by: _____