

Villas of Wesburn Association, LLC.
P.O. Box 277
South Rockwood, MI 48179

Villas of Wesburn Policy

Policy Name:	Co-Owner Document Access (Non-Public)				
Policy Number:	16	Initial Release Date:	07/31/2017	Latest Release Date:	
Revision Number:	01	Approval Date:	08/17/2017	Effective Date:	08/17/2017
Approve Auth:	Board-Villas of Wesburn Association, LLC.				

1. **Policy Statement:** The responsibility of the Board of Directors is to protect the association's interests while providing safe effective service & support.
2. **Reason for Policy:** To provide a procedure by which the Co-Owner can access non-public documents as required by Article XIV. The Villas of Wesburn Association, LLC. is owner managed and has no regular office for the documents to be viewed at.
3. **Who Should Read this Policy:** All members/residents of the Villas of Wesburn Association, LLC.
4. **Resources:** By Laws for the Villas of Wesburn Association, LLC.
5. **Definitions:**
 - a. A member of the Villas of Wesburn Association, LLC. Is defined as any person whose name appears on the unit's title.
 - b. Resident anyone who resides in the dwelling either temporarily or permanently on a regular basis.
 - c. Guests are any individuals that are voluntarily allowed to stay at the dwelling for a limited amount of time.
6. **The Policy:** Access to the documents will be by appointment only via the attached form.

**Villas of Wesburn Association, LLC.
P.O. Box 277
South Rockwood, MI 48179**

- a. Appointments may only be made by using the attached form.
 - i. Form must be filled out entirely.
 - ii. Sign and return via:
 - 1. Email at villasofwesburn@gmail.com
 - 2. USPS at
Villas of Wesburn Association, LLC.
P.O. Box 277
South Rockwood, MI 48179



Signed _____

Dated 08/17/2017

**Andrew J. Coatley
President
Villas of Wesburn Association, LLC.**

**Villas of Wesburn Association, LLC.
P.O. Box 277
South Rockwood, MI 48179**

To: Board

Villas of Wesburn Association, LLC.

P.O. Box 277

South Rockwood, MI 48179

From: _____

Please provide me with an appointment to review the following category of documents. (Check One due to different categories are the responsibility of different individuals)

a.) Financial ☐

b.) Procedural ☐

Reason for Request:

Signed : _____ Date: __/__/____

Documents are for review only. Copies may not be made nor distributed without express consent of the Board in writing.

Accurate as of: 3/12/2018

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Record of Revisions

REV	Description	Date
01	Revised Format	8/17/2017