



PO BOX 480  
WAILUKU HI 96793  
808/666-1464  
808/731-2351 FAX

**Submit request to: [Lysa@CAS-Maui.com](mailto:Lysa@CAS-Maui.com)**

Escrow Requests for Association Documents will be fulfilled as noted below

**Select Only One Option below**

*If Choosing Option B, note the specific documents needed*

**OPTION A:**  
**All Documents listed below\*\* provided for a flat fee of \$400 +GET tax 4.712%**  
*Conforms to Section M1 of Hawaii Association of Realtors Purchase Contract* **\*\* Supply Lender form when submitting request**

**OPTION B:** If only specific items are required: select from list below.  
 Individual documents are charged at **\$25 + GET per item** requested *(except where otherwise noted.)*

<input type="checkbox"/> Articles of Association - <i>if applicable</i>	<input type="checkbox"/> Board of Directors Minutes* <span style="float: right;"><i>last three (3) meetings</i></span>
<input type="checkbox"/> Articles of Incorporation - <i>if applicable</i>	<input type="checkbox"/> Annual Meeting Minutes* <span style="float: right;"><i>last three (3) meetings</i></span>
<input type="checkbox"/> Amendments to Articles - <i>if applicable</i>	<input type="checkbox"/> Financial Statement - Current or Last Issued
<input type="checkbox"/> By Laws / Restated By Laws; Amendments	<input type="checkbox"/> Operating Budget - Current or Last Issued
<input type="checkbox"/> Declaration of CC&R and/or CPR; amendments	<input type="checkbox"/> Complete Reserve Study Report
<input type="checkbox"/> Current House Rules	<input type="checkbox"/> Property Information Form (RR105c) - <b>\$200 +GET</b>
<input type="checkbox"/> Design/Construction Standards (if any)	<input type="checkbox"/> Lender Disclosure/Questionnaire** - <b>\$200 +GET</b> <span style="float: right;"><i>** Supply Lender form when submitting request</i></span>
<input type="checkbox"/> Insurance Summary	<input type="checkbox"/> Other (Describe): _____
<input type="checkbox"/> Information pertaining to Land Lease	_____

**ALL FILES DELIVERED ELECTRONICALLY WITHIN SEVEN (7) BUSINESS DAYS**

**Contact [Lysa@CAS-Maui.com](mailto:Lysa@CAS-Maui.com) if you need to request expedited service for an additional fee**

REQUESTS FOR HARD COPIES OF DOCUMENTS WILL INCUR ADDITIONAL CHARGES OF  
\$.25 +GET PER PAGE FOR PRINTING

Name of Person Requesting:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>
<b>Name of Association and Name of Current Owner/Seller</b>	<input type="text"/>

\*\*\*\* For CAS LLC use only: Total Due: \$ \_\_\_\_\_  
*PLUS General Excise Tax 4.712% calculated below*

\*\*\*\*\*

Invoice: \_\_\_\_\_ Amount Due: \_\_\_\_\_ **Due Upon Receipt**

Remit CHECK to: Community Association Services, PO Box 480, Wailuku, HI 96793