

**REQUEST TO VIEW ULLPOA
BOOKS AND/OR RECORDS**

Date: _____

Requestor's Name: _____

Requestor's Address: _____

Requestor's Phone #: _____

Requestor's email adds (optional): _____

Member's Name, Address, Phone #
and email adds, (if different): _____

Who will be present? _____

Length of time to review record(s)? _____

Specific record(s) to review? _____

Purpose to review record(s)?

Executive Board Member Comments: