HERITAGE SPRINGS
Active Adult Country Club Living at Trinity
11345 Robert Trent Jones Parkway • Trinity, FL 34655 • Phone: 727.372.5411

RECORDS REQUEST FORM

Association: _____

Owner/member Name(s) _____ Unit# _____

Address _____Telephone # _____

According to Fl Statute 720.303(5), you are entitled to review all Official Records with the exception of those records deemed exempt by statute. Therefore, to make a request, please complete this form. The more detail you provide us, the better informed we are to make sure we are providing you with the proper records. An appointment will be scheduled for you to come to our office to review the files. Reviewing the files can be done **ONLY BY APPOINTMENT**, as we must provide you with a room and a person to supervise the review.

During your review of the files, you will be given an area in which to sit and tab any pages you would like to have copied. Depending on the number of pages you need copied, we will determine if our staff will be able to make your copies at this time, or if you will have to come back and pick them up. Copies are: twenty-five cents per page ($0.25 p/p). Checks or money orders only. You may bring your own printer/scanner or take photographs of the documents.

List of the records(s) you wish to review (attach additional page for additional documents:

___ 1. _____ Rec. _____

___ 2. _____ Rec. _____

___ 3. _____ Rec. _____

___ 4. _____ Rec. _____

___ 5. _____ Rec. _____

( ) Please check here if you have listed additional files on the back of this page to review.

For Heritage Springs Use Only

Person who pulled the requested files: _____

Person who observed the reviewing of the files: _____

Date of Review: _____ Time: _____

Owner: Arrived: _____ AM/PM Left: _____ AM/PM

# of Copies made _____ Charge: $ _____ Paid by: Check # _____ M.O.# ____ Rcd by _____

I reviewed all the files requested and provided to me.

_____

Signature of Requesting Member Date

Form updated 07/28/2025