



**Valley View Village Condominiums Request Form for Documents**

**Date:** \_\_\_\_\_

Valley View Village Condominiums c/o of Property Professionals HOA Management

**Sender:** Valley View Village Condominiums  
704 Main St. Suite B.  
Silt, CO 81652

**Re: Request for Copy of Documents**

As a member of Valley View Village Condominiums, I am requesting a copy of \_\_\_\_\_ from the association. Kindly, send a copy of the requested documents to my inbox using the email address included in this form.

**Description of Document**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If there are questions or you require clarification, please do not hesitate to contact me.

Phone Number: 970-625-2255

Email Address: Assistant@propertyprosteam.com

Sincerely,

[Your signature]

[Your name]

**Property Professionals Property and HOA Management**  
704 Main Street, Suite B  
Silt, CO 81652  
970.625.2255