



**DESCRIBE YOUR DISPUTE:**

Please briefly explain your complaint (attach a separate sheet if necessary). If possible, include a timeline of events and approximate dates:

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**COMPLAINING WITNESS’S ACKNOWLEDGMENT & CERTIFICATION:**

Complaining witnesses are required to complete, sign and certify below for RICO to process this. We can assist you if you are unable to sign or otherwise complete this form. Knowingly submitting false or untrue information may constitute a violation of Hawaii Revised Statutes §710-1063.

I acknowledge that the complaint I am filing with RICO will only address the records listed in my written records request form attached to this complaint form. If I make another written request for records, and I am not provided with records, I acknowledge that I will have to file a new complaint in accordance with RICO procedures.

I acknowledge that RICO is unable to and does not represent the interests of private parties, like myself, in court. I may contact an attorney for advice on filing a private cause of action in civil court, including but not limited to, for monetary damages.

I hereby certify that all statements in and included with my RICO complaint are true and correct to the best of my knowledge. I understand that all documents and materials that I provide to RICO will not be returned to me and are subject to the State’s retention policies, including purging and destruction.

I understand that investigation and prosecution are at the discretion of the agency and that RICO does not represent me in this dispute.

**Sign here:**

**Date:**

**Print name here:**

**Check here if signing as representative**

THANK YOU FOR ASSISTING OUR EFFORTS TO REVIEW YOUR COMPLAINT.



Mail completed complaint forms to:

**Regulated Industries Complaints Office  
Attention: Consumer Resource Center  
235 South Beretania Street, 9th Floor  
Honolulu, Hawaii 96813**

This material is available in alternate formats including large print. For assistance, please contact the RICO Consumer Resource Center at 1-844-808-3222.

Complaint forms are accepted at neighbor island RICO offices for mailing.



**REQUEST FOR CONDOMINIUM ASSOCIATION RECORDS  
[AND AFFIDAVIT, IF REQUIRED]  
PURSUANT TO CHAPTER 514B, HAWAII REVISED STATUTES (“HRS”)**

1. I understand that this form is being provided by the Regulated Industries Complaints Office (“RICO”) for the convenience of submitting requests to access condominium records to my association and/or association’s property manager, per HRS Chapter 514B. I understand that I am not required to use this form. If I choose to use this form, I agree to sign this form before submitting it to my association and/or association’s property manager for processing of my condominium records request(s). In addition, because certain records requests require a notarized affidavit, I agree to check with my association and/or association’s property manager regarding whether I need to complete the notary portion of this form.
2. I understand and acknowledge that I may be charged fees and/or costs for copies, examinations, duplications, delivery, and/or administrative time associated with handling my request. Fees and/or costs for duplications include the process of scanning any record, paper, or document into an electronic PDF format. Fees and/or costs for copies and duplications could exceed \$1 per page.

3. I would like to examine and/or copy:

**a. Documents Relating to Condominium Operations.**

	<b>Check all boxes that apply.</b>	<b>State the specific month(s) and year(s) for each document.</b>
<input type="checkbox"/>	Board of Directors Meeting Minutes	
<input type="checkbox"/>	Financial Statements	
<input type="checkbox"/>	General Ledgers	
<input type="checkbox"/>	Accounts Receivable Ledgers	
<input type="checkbox"/>	Accounts Payable Ledgers	
<input type="checkbox"/>	Check Ledgers	
<input type="checkbox"/>	Common Elements Receipts	
<input type="checkbox"/>	Common Elements Expenditures	
<input type="checkbox"/>	Monthly Statement of Current Delinquency or Unpaid Common Element Assessments	
<input type="checkbox"/>	Condominium Management Agreement	
<input type="checkbox"/>	Insurance Policies (e.g., Name of insurance company, type of policy, date/year of policy, etc.)	
<input type="checkbox"/>	Contracts (e.g., Name of business, type of contract, date of transactions if known, etc.)	
<input type="checkbox"/>	Invoices (e.g., Name of business, type of goods or services, date of transactions if known, etc.)	

**b. Documents Relating to General Condominium Governance.**

	<b>Check all boxes that apply.</b>	<b>State the specific month(s) and year(s) for each document.</b>
<input type="checkbox"/>	Declaration	
<input type="checkbox"/>	Bylaws	
<input type="checkbox"/>	House Rules	
<input type="checkbox"/>	Master Lease	
<input type="checkbox"/>	Sample Original Conveyance Document	
<input type="checkbox"/>	Public Report	
<input type="checkbox"/>	Amended Public Report	
<input type="checkbox"/>	Condominium Map	

**c. Documents Relating to Condominium Elections.**

	<b>Check all boxes that apply.</b>	<b>State the specific month(s) and year(s) for each document.</b>
<input type="checkbox"/>	Association Meeting Minutes	
<input type="checkbox"/>	Current Member or Owner List	
<input type="checkbox"/>	Names and Addresses of Vendees Under an Agreement of Sale	
<input type="checkbox"/>	Name and Address of Time Share Association Representative/Agent for the Individual Time Share Owners	
<input type="checkbox"/>	Proxies	
<input type="checkbox"/>	Tally Sheets	
<input type="checkbox"/>	Ballots	
<input type="checkbox"/>	Owners' Check-In Lists	
<input type="checkbox"/>	Certificate of Election	

4. This request for condominium association records was transmitted to the association on \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Unit Owner or  
Unit Owner Authorized Agent

\_\_\_\_\_  
Printed name of Unit Owner or  
Unit Owner Authorized Agent

**AFFIDAVIT AND NOTARIZATION IF REQUIRED**

I affirm and declare that I requested the accurate and current list of members of the condominium association and/or the members' current addresses and/or the names and addresses of the vendees under an agreement of sale, which shall be used by me or my authorized agent personally and only for the purpose of soliciting votes or proxies or for providing information to other unit owners with respect to association matters and shall not be used by me or my authorized agent or furnished to anyone else for any other purpose.

I affirm and declare that I requested financial statements, general ledgers, the accounts receivable ledger, accounts payable ledgers, check ledgers, insurance policies, contracts, and/or invoices of the association for the duration those records are kept by the association, and/or any documents regarding delinquencies of ninety days or more, which information is requested in good faith for the protection of the interests of the association, its members, or both.

Subscribed and sworn to, before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Name: \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_