

**SUN CITY SUMMERLIN
USE AND CONFIDENTIALITY OF ASSOCIATION RECORDS AFFIDAVIT**

I, _____ (“Affiant” or “Owner”), being first duly sworn upon oath, depose and state as follows:

1. **Membership:** I am a member of Sun City Summerlin Community Association, Inc. (“Association”).
2. **Records Request:** I am requesting to inspect, review, and/or copy the following Association records pursuant to Bylaws §12.4, NRS 116.31175 and NRS 82.186:

_____.
3. **Purpose of Records Request:** I declare that my review of records is not desired for any purpose not related to my membership in the Association. The purpose related to my membership being to review Association governance, finances, and operations, pursuant to Bylaws §12.4. Further, I understand and agree that uses or attempts to use information, records or other data obtained, for any purpose not related to my interest in the Association as a member shall constitute a gross misdemeanor, and that such improper purposes would include, but are not limited to, publication of the information and/or my interpretations drawn therefrom in a publication, solicitation of business, competition with the Association, or other improper and/or commercial purposes.
4. **Restriction on Use and Publication:** I expressly agree that I shall not use the information for any commercial purpose or purpose in competition with the Association, including, but not limited to, publishing, disseminating, distributing, or otherwise making public any Association records, or information derived from such records, in any newsletter, circular, electronic publication, website, social media platform, or other medium intended for public or community-wide distribution.
5. **Confidentiality Acknowledgment:** I acknowledge that the records contain confidential or sensitive information concerning the Association, its members, vendors, or operations. I agree that any unauthorized publication or dissemination of such records constitutes a violation of the Association’s confidentiality rights in its records.
6. **Health, Safety, and Welfare Violation:** I acknowledge that violation of this affidavit shall constitute a violation of Bylaw §§6.1, 6.2 & 12.4 and CC&R §IX(1) by virtue of the interference with the operations, safety, and/or confidentiality rights of the Association, and that such violation shall likely constitute a health, safety, and welfare violation under NRS 116.31031; and, in the event of violation, the Association may pursue any and all remedies available under Nevada law and the Association’s governing documents, including, but not limited to, imposition of fines, injunctive relief, damages, foreclosure of violation fines, and recovery of attorneys’ fees and costs.
7. **Binding Effect:** I understand that this Affidavit is a binding agreement and may be relied upon by the Association in granting access to records. I further understand that any false statement herein may subject me to penalties for perjury under the laws of the State of Nevada.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Affiant

Date: _____

STATE OF NEVADA
COUNTY OF CLARK

On _____, before me the undersigned Notary Public in and for the said county, personally appeared the above named Affiant, personally known to me, or proved on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and who acknowledged to me that they executed the same freely and voluntarily, and for the uses and purposes mentioned within.

NOTARY PUBLIC

Please Note:

- 1) Refusal to fully execute and return this affidavit relieves the Association of any obligation to provide records in response to a records request. NRS 82.186.
- 2) This affidavit is not required for review and/or copies of records identified under NRS 116.31175(1)(a)(financial statement), (b)(budget), (c)(reserve study), NRS 116.3108(3)(membership meeting minutes), and/or NRS 116.31083(5)(executive board meeting minutes), which shall be provided electronically upon request.