

FOR OFFICE USE ONLY

Date & Initial when completed

RECEIVED: _____

COMPLETED: _____

CONTACTED: _____

DELIVERED: _____

Request Form for
Shareholder & Corporate Records



Name of Person Requesting Information: _____

Company: _____ Title: _____

***Must be authorized by the President of UIC if this use is not within the company.**

Requesting:

Shareholder Addresses
Shareholder Head of Household Labels
Other Specific Reason:

Deadline for Request: _____ ***You need to provide us with this form filled out at least a week before your deadline.**

Purpose for requested information: _____

***Note: This purpose must be related to the books & records listed below.**

Representative: I have given my authority to examine these records to:

Name:	_____
Work Phone #:	_____
Home Phone #:	_____
Address:	_____
Email Address:	_____

Who is my:

<input type="checkbox"/> Attorney	<input type="checkbox"/> Accountant
<input type="checkbox"/> Legal Agent	<input type="checkbox"/> Other:

I certify that examination of these books and records by MY REPRESENTATIVE OR ME is solely for the purpose(s) stated above. I further certify that it is not to obtain private information about other UIC Shareholders or to injure the legitimate interests of UIC.

Signature

Date

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_____ Request Approved	_____ Request Denied
_____	_____
President Signature	Date