Exhibit A FAIRLINGTON GLEN CONDOMINIUM COUNCIL OF CO-OWNERS RECORD REQUEST FORM

You may use this form to request copies of or inspect the official records of the Fairlington Glen Condominium Council of Co-Owners ("Council"). In order to properly submit a request, please complete, sign and date this form and mail or fax it to the Council's common interest community manager at the address below:

Fairlington Glen Management Staff

c/o Cardinal Management Group, Inc. 4330 Prince William Parkway, Suite 201 Woodbridge, Virginia 22192 Facsimile: (703) 866-3156

Name of Requesting Party

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Mailing Address:		
Address of Property locate	within the Council if different than mailing:	
Phone: (Home)	(Work)	
(Mobile)	(Email)	
Please describe the record identifying information):	you wish to copy and/or inspect (include all relevant dates, names or	other
Please describe the purpos request:	of your	
Please check applicable bo	(as)•	
	ies of the above-referenced records. []	
	in-person inspection of the above-referenced records. []	
	h records on at []	
	confirmation of the appropriate time, date and location for the inspecti-	on)

Please note, not all Council records are available for review and inspection, per Section 55-510(C) of the Virginia Property Owners' Council Act. You will be notified if your request contains records subject to withholding. You will also be notified of the estimated cost, if any, related to your request and such charges must be paid in advance of the Council fulfilling your request.

Be advised, the Council is only obligated to respond to record requests from those members of the Council who are in Good Standing. Good Standing shall be defined to mean that a member is current in the payment of assessments and any other financial obligation to the Council and compliant with all other responsibilities of membership, including, but not limited to, maintenance of his or her Lot in a condition that does not violate any term or provision of the Governing Documents.

You must date and sign this form. Anonymous complaints will not be accepted.

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Signature:		Date:		
Received by:		Date:		