



Records Request Form
Effective December 08, 2024

A member in good standing should complete this form prior to any inspection or copying of the Association's records. The stated purposes must comply with state law and granting access must not constitute a conflict of interest. Please read this form carefully and complete the information requested accurately. A fee of \$1.00 per printed, electronic, or digital page may be imposed for materials as determined by the board. Upon submission of a compliant request form, the Association has five (5) business days to acknowledge receipt. It may then designate a time convenient to you and to the Association. Thank you.

Date Request Submitted: _____

Lot # _____

Name of Member: _____

Member's Mailing Address: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____

Documents Requested:

Purpose of Request (statement must be made under oath)

I hereby certify that this purpose is only related to my interest as a member of the Association, and any inspection and copying shall not be used for any other purpose, including any unrelated business use or any other inappropriate use by the undersigned or any other person. I verify that the statements made in this document are true and correct based on my knowledge, information, and belief. I understand that false statements herein are made subject to penalties of 18 PA.C.S. Section 4904 relating to unsworn falsification to authorities.

Signature

Printed Name

Official Office Use:	
Date Request Approved: _____	Denied _____ If denied, explain: _____
Fee for copies: _____	
_____ Authorized Association Representative's Signature	

