

BLUE MOUNTAIN LAKE CLUB REQUEST FOR INSPECTION OF RECORDS

A member of the Association must complete this form to request an inspection of or copies of Association's records. The stated purpose(s) must comply with state law, and granting access must not constitute a conflict of interest. Please read the form carefully and complete the information requested accurately. There may be charges for administrative time and expenses for retrieving the requested records, as well as per copy charges associated with completing any request. * Upon submission of a properly completed request form, the Association has five (5) working days to respond to you and advise what, if any, charges will be related to this request. It may then agree on a time convenient to you and to the Association. Thank you.

MEMBER NAME: _____ DATE OF REQUEST: _____

ADDRESS: _____

TEL. #: _____ ALTERNATE PHONE #: _____

Subject to the provisions of Pennsylvania Community Association Law I hereby request that Blue Mountain Lake Club provide me access to and/or copies of the following books and records of the Association:

- a. _____
- b. _____
- c. _____

2. I hereby verify 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 unrelated business use or any other inappropriate use by the undersigned or any other person. I verify further 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. Specifically, my reason for wanting to review the books and records of the Association is as follows:

**Administrative costs: \$10.00 per ten (10) minutes. Copies: \$0.25 per page*

Member Signature: _____ Date: _____

Official Association Use

Approved: _____ Denied: _____ If denied, explain: _____

Charges for Administrative time and/or copies: _____ Date: _____

Association's Authorized Representative: _____