

**PENN ESTATES PROPERTY OWNERS ASSOCIATION, INC. (PEPOA)**  
**MEMBER'S REQUEST FOR INSPECTION OF RECORDS**

A member should complete this form to request an inspection of or to copy from PEPOA's records. The stated purpose(s) 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. There may be charges for administrative time associated with completing any request and for copying documents. Upon submission of a properly completed request form, the Association has five (5) days to respond to you. It may then agree on a time convenient to you and to the Association. Thank you.

Printed Name of Member: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Requested document(s)\*: \_\_\_\_\_  
\_\_\_\_\_

Purpose of request and explanation of how the requested document(s) are related to this purpose\*:  
\_\_\_\_\_  
\_\_\_\_\_

\* Pursuant to state law, these items must be stated with "reasonable particularity". 15 Pa.C.S. §5508(b.1)(4). Further, association records can only be inspected and/or copied for a proper noncommercial purpose reasonably related to your interest as a member.

I hereby certify and acknowledge the following: 1) PEPOA regards its records as proprietary and confidential and that such records contain private information that is being disclosed to me by virtue of my membership in PEPOA, 2) I promise and agree that my representatives and I will use the records only in a lawful manner for the proper purposes identified in this request, 3) I agree to safeguard and keep the records confidential, 4) I agree that I will not permit the records to be reviewed by or disseminated/distributed to nonmembers of the Association aside from my professional advisers, and 5) I agree to immediately notify the Association in the event that I become aware of a breach of such confidentiality. 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.

\_\_\_\_\_  
Member's signature

***Official Association Use***

Date Received: \_\_\_\_\_  
\_\_\_\_\_ Approved \_\_\_\_\_ Denied. If denied, explain: \_\_\_\_\_  
Charges for copies: \_\_\_\_\_ Total Charges: \_\_\_\_\_

\_\_\_\_\_  
Association's Authorized Representative