



# HICKORY HILLS PROPERTY OWNERS' ASSOCIATION

20 Hickory Hills Drive  
White Haven, PA 18661  
Office: 570-443-8108

Email: [office@hhpoa940.org](mailto:office@hhpoa940.org)

Website: [www.hickoryhills940.com](http://www.hickoryhills940.com)

## MEMBER'S RECORDS INSPECTION REQUEST FORM

Per 15 Pa. C.S. § 5508, members are entitled to review the membership register, books and records of account, and minutes of, and consents in lieu of meetings by, the incorporators, members, directors, and any other body. All requests must be submitted on this form to the Association at its office.

Only requests submitted for proper purposes will be honored. A proper purpose is one reasonably related to the interest of person as a member of the Association. If an owner is submitting this request through counsel, the member must provide a verified power of attorney authorizing counsel to make the request. All requests must be made in good faith, in recorded form, and verified. Upon submission of a compliant request form, the Association has five (5) business days to respond to you. It may then designate a date and time convenient for you and the Association, during regular business hours, to review the materials. If the request is approved, you may review the materials in the office for no charge or, if you would like copies, the Association charges \$0.50/page for copying. If the request is large, the Association will charge a \$15.00/hr administrative charge to respond.

Date of Request: \_\_\_\_\_ Name of Member: \_\_\_\_\_

Counsel name (if applicable)(attach power of attorney): \_\_\_\_\_

Purpose for request: \_\_\_\_\_

\_\_\_\_\_

Records Requested: \_\_\_\_\_

\_\_\_\_\_

Identify how the records requested relate to the proper purpose identified above: \_\_\_\_\_

\_\_\_\_\_

### VERIFICATION

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: \_\_\_\_\_

#### Official Association Use Only

Date: \_\_\_\_\_ Approved:  Denied:  If denied, please explain: \_\_\_\_\_

Charges: Copies (.50 per copy) \_\_\_\_\_ | Administrative time cost: \$15.00 per hour | Total Cost \$ \_\_\_\_\_

Authorized Association Representative's Signature: \_\_\_\_\_