BIRCHWOOD LAKES COMMUNITY ASSOCIATION, INC.
212 ASPEN ROAD
DINGMANS FERRY PA 18328
Telephone: (570) 828-2111 Fax: (570) 828-9009

MEMBER'S REQUEST FOR THE INSPECTION OF CORPORATE RECORDS

Date: _____

Member's Name: _____

Member's Address: _____
(Lot, Block & Section)

Position of the individual making this request: ___ Member in Good Standing
(Please check one) ___ Member Not in Good Standing

Document(s) requested: _____

_____

_____

Purpose of inspection: _____

_____

_____

The Association charges for document copies and the cost of employees time to gather information if the request is substantial. Payment must be in remitted prior to release of documents. An estimated cost will be provided prior to the gathering of document. For estimates of $100.00 a deposit of 50% must be received prior to the work being started.

Cost for copies - 25 cents a page Cost for employee's time - $25.00 an hour

I do hereby swear that the information requested will only be used for the proper purpose stated on this request form.

_____
Signature

Approved ___
Disapproved ___

By: _____
Authorized Signature

The Association reserves the right to pursue legal action against the requester if this information is used for any other purpose than what is stated on this request form!