Pocono Springs Civic Association
At Home With Nature

Pocono Springs Civic Association, Inc.
Member's Request for Inspection of Records

A member of the Association should complete this form to request an inspection of or to copy from the Association'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 and expenses associated with completing any request. Upon submission of a properly completed request form, the Association has five (5) working days to respond to you. It may then agree on a time convenient to you and to the Association. Thank you.

Member Name:

_____

Date of Request: _____ **PSCA Lot/House#:** _____

Home Phone #: _____ **Alternate Phone #:** _____
☐ **Landline** ☐ **Cell** ☐ **Work** ☐ **Landline** ☐ **Cell**

Do you wish to receive your request by email? ☐ **Yes** ☐ **No**
Note: PSCA reserves the right to decline the use of transmission by email without explanation

Email: _____ ☐ Personal ☐ Work

Records to be Reviewed/Received

_____

_____

Purpose of Request:

_____

_____

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 any unrelated business use or any other inappropriate use by the undersigned or any other person. I further 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 the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

_____
Member Signatures

Official Association Use

Approved_____ Denied_____ If denied, explain: _____

_____

Charges for copies: _____ Date: _____

_____ _____
Association's Authorized Representative Signature Print Name

Revised: 6/16/2020 DTD

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