

Member Information Request Form

- Information shall be made available only if the requesting Member completes all sections of this *Member Information Request Form*.
- Members must submit a completed request form at least five (5) business days before the date on which the Member desires information.
- By completing this form, the Member agrees to pay the reasonable cost of labor and material associated with producing or copying the requested records.
- By executing this request, the Member expressly agrees to reimburse the Cooperative for all cost and expenses, including attorney’s fees, associated with the Cooperatives efforts to enjoin the unauthorized use of Cooperative records or the recovery of related damages and/or profits.

_____ *Requesting Member’s name*

_____ *Address*

_____ *Telephone number(s)*

State specifically what information is requested: _____

State specifically why you require such information and purpose for it: _____

If this request is being made on your own behalf plus that of others, please state the names, addresses and telephone number of the other member(s):

Board Policy

over

It is understood and agreed that by executing this Member Information Request Form, you agree that you will utilize on in a manner as stated above and for no other purposes and that this request is being made in good faith as required under applicable Virginia law.

Member _____ **Date** _____

Completed forms should be sent to:
The Office of the President,
P.O. Box 7388, Fredericksburg, VA, 22404

Office Use: _____

ACTION TAKEN

Cooperative Representative _____ **Date** _____

Title _____