

**CLAVERACK RURAL ELECTRIC COOPERATIVE, INC.
WYSOX, PENNSYLVANIA 18854**

POLICY BULLETIN NO. B-16

SUBJECT: Member Requests for Cooperative Information

POLICY: To establish the rules and procedures to be followed in response to requests from members for Cooperative information.

RESPONSIBILITY: President & CEO and Board of Directors

PROCEDURE:

1. Members of the Cooperative requesting information other than routine public information (such as bylaws, policies, Articles of Incorporation, rate schedules, etc.) shall submit a Member Information Request form to the President & CEO. This request will be reviewed with corporate counsel and presented for approval at the next regularly scheduled board meeting.
2. Certain information will only be furnished pursuant to a court order. This information includes but is not limited to: employee personnel file information, membership files, information relating to competitive contracts, and/or contracts under negotiation or, any other information the disclosure of which could adversely affect the cooperative.
3. If the request is approved, a time and place shall be provided for making requested information available during normal business hours.
4. The Cooperative reserves the right to charge for costs and/or expenses related to complying with the members request.
5. In accordance with the Non Profit Corporation Act a member or a member's agent or attorney may request to inspect or copy the membership list. Upon receiving such request the cooperative may elect to provide a membership list to the member at a reasonable fee for the costs involved in reproducing such list. Requests for membership information must be submitted in writing and must include the purpose for which such information will be used. In order for such request to be granted the member must act in good faith and for a proper purpose related to the member's interest as a member and the list must be directly connected with this purpose. Should a request for membership information be granted, the recipient will be required to sign an affidavit acknowledging that:
 - Such information shall remain confidential
 - Such information will be used only for the specific purpose described in the request
 - The information may not be used for commercial purposes or for soliciting money or property
 - The list may not be sold or purchased
 - The affidavit will also acknowledge that the member will compensate the cooperative for damages resulting from improper uses of the list

SOURCE: Adopted by board resolution on February 15, 1983.
Revised by board resolution on 9/19/95; 9/16/98; 10/24/05, 10/23/06.
Reviewed by Bylaw & Policy Committee on 6/30/89.

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Member Information Request

Note: No information concerning the Cooperative, its members, personnel, directors, agents, employees or operations shall be made available (except for routine information covered in the Cooperative's Policy Bulletin B-16) unless the requesting member completely fills out and executes this Information form.

Requesting Member(s)' name(s), address(es) and telephone number(s), date of membership certificate: _____

State *specifically* what information is being requested (If necessary, attached additional pages):

- A. Please give the exact subject matter involved; the specific documents sought; the period of time involved or such other appropriate information so as to process your request in the least amount of time and with least amount of time lost to the Cooperative staff and management.

- B. Also, please state if you wish to reproduce any information; what information is to be reproduced and how you wish to accomplish this.

C. State approximately the amount of time you will spend examining or reproducing by hand, camera or machine the information requested.

D. You must have the assistance of and be accompanied by a Cooperative employee to find or have access to Cooperative records. As a result thereof, please acknowledge that you accept this condition.

E. State *specifically* why you want such information and to what use you will or may put it.

F. If the request is being made on your own behalf plus that of others, please state names, addresses and telephone numbers of the others. (State only names of persons who have *authorized* to request this information on their behalf.)

It is understood and agreed that, by executing this request for information, you agree that you will not yourself put, or permit others to put, such information to a use other than that sated above.

Date

Member

DO NOT WRITE BELOW THIS LINE



ACTION TAKEN

Date

Claverack Representative

Title