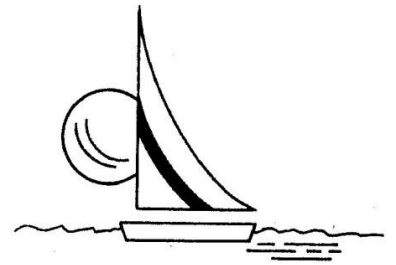




Lake Heritage

PROPERTY OWNER'S ASSOCIATION

1000 Heritage Drive, Gettysburg, PA 17325
Phone (717) 334-7242 Fax: (717) 334-6712
admin@lakeheritage.org



Request to Restrict Access

Lot# _____ Name _____ Date _____

All Visitors/Non-Members Single Individual/Vehicle Company/Firm

Request Reason _____

Have you notified the State Police (717-334-8111)? _____ If yes, what is the report # _____

Have you filed for a Protection from Abuse (PFA)? _____ If yes, please provide a copy

Vehicle (provide photo if possible):

State & Number of License Plate _____

Year _____

Make _____

Model _____

Color _____

Body Style _____

Identifiable features/marks _____

Identifiable features/marks _____

Identifiable features/marks _____

Vehicle (provide photo if possible):

State & Number of License Plate _____

Year _____

Make _____

Model _____

Color _____

Body Style _____

Identifiable features/marks _____

Identifiable features/marks _____

Identifiable features/marks _____

Person (provide photo if possible):

Male Female

Name _____

Hair _____

Eye _____

Height _____

Weight _____

Identifiable features/marks _____

Identifiable features/marks _____

Identifiable features/marks _____

Person (provide photo if possible):

Male Female

Name _____

Hair _____

Eye _____

Height _____

Weight _____

Identifiable features/marks _____

Identifiable features/marks _____

Identifiable features/marks _____

NOTICES: By submitting this request, you as the lot owner/tenant are asking LHPOA to refuse entry to the identified party. LHPOA will attempt to honor your request. However, by submitting this request, you acknowledge that LHPOA does not have law enforcement powers and cannot physically prevent the party from entering, nor can LHPOA stop a lot owner from entering except by order of court, nor can LHPOA stop the party from entering as a guest of another lot owner or tenant. Do not rely on this Request to Limit/Restrict Access for personal safety. Call 911 or the Pennsylvania State Police (717-334-8111) if you believe you or your family is at risk.

This request expires one year from date submitted. The member is responsible to resubmit this form at the end of the one-year period, to continue the access restriction. It is also the member's responsibility to notify LHPOA Security Operations if this request is to be cancelled prior to the one-year expiration.

By signing this form, you agree to indemnify, defend, and hold harmless LHPOA from any claims or expenses arising from this Request to Restrict Access.

Member Signature _____

Date _____

Member Signature _____

Date _____

For questions or to report necessary information regarding this request, please provide a phone number(s):
