

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF RECORDS:

INSTRUCTIONS: PICK-UP _____ FAX _____ MAIL _____ DISK _____ E-MAIL _____

Signature: (When request is filled out) _____

For Office Use Only:

Copies _____ Postage _____ Disk _____ Fax _____

Total Cost: _____

Date Request Fulfilled _____

Initials of Staff Member _____

Date Information: Picked up _____ Faxed _____ Mailed _____