

REFERENCE REQUEST - FEDERAL RECORDS CENTERS

NOTE: Use a separate form for each request.

SECTION I - TO BE COMPLETED BY REQUESTING AGENCY

ACCESSION NO.	AGENCY BOX NUMBER	RECORDS CENTER LOCATION NUMBER
	OF	

DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED

BOX

FOLDER (include file number and title)

REMARKS

NATURE OF SERVICE

- FURNISHED COPY OF RECORD(S) ONLY
 PERMANENT WITHDRAWAL
 TEMPORARY LOAN OF RECORD(S)
 REVIEW
 OTHER (Specify)

SECTION II--FOR USE BY RECORDS CENTER

- RECORDS NOT IN CENTER CUSTODY
 RECORDS DESTROYED
 WRONG ACCESSION NUMBER - PLEASE RECHECK
 WRONG BOX NUMBER - PLEASE RECHECK
 WRONG CENTER LOCATION - PLEASE RECHECK
 ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED
 MISSING (Neither record(s), information nor charge card found in container(s) specified)
 RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):

REMARKS

SAMPLE ONLY

DATE	SERVICE	TIME REQUIRED	SEARCHER'S INITIALS

SECTION III--FOR USE BY RECORDS CENTER

NAME OF REQUESTER	TELEPHONE NO. <input type="checkbox"/> FTS	DATE	RECEIPT OF RECORDS
-------------------	--	------	---------------------------

NAME AND ADDRESS OF AGENCY

(Include street address, building, room no., and ZIP Code)



(In Washington, D.C. area also include STOP number)

Requester please sign, date and return this form, for file item(s) listed above, *ONLY* if the block to right has been checked by the Records Center.

SIGNATURE	DATE
-----------	------

REFERENCE REQUEST - FEDERAL RECORDS CENTERS

NOTE: Use a separate form for each request.

SECTION I - TO BE COMPLETED BY REQUESTING AGENCY

ACCESSION NO.	AGENCY BOX NUMBER	RECORDS CENTER LOCATION NUMBER
	OF	

DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED

BOX

FOLDER (include file number and title)

REMARKS

NATURE OF SERVICE

- FURNISHED COPY OF RECORD(S) ONLY
 PERMANENT WITHDRAWAL
 TEMPORARY LOAN OF RECORD(S)
 REVIEW
 OTHER (Specify)

SECTION II--FOR USE BY RECORDS CENTER

- RECORDS NOT IN CENTER CUSTODY
 RECORDS DESTROYED
 WRONG ACCESSION NUMBER - PLEASE RECHECK
 WRONG BOX NUMBER - PLEASE RECHECK
 WRONG CENTER LOCATION - PLEASE RECHECK
 ADDITIONAL INFORMATION REQUIRED TO IDENTIFY RECORDS REQUESTED
 MISSING (Neither record(s), information nor charge card found in container(s) specified)
 RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date):

REMARKS

SAMPLE ONLY

DATE	SERVICE	TIME REQUIRED	SEARCHER'S INITIALS

SECTION III--FOR USE BY RECORDS CENTER

NAME OF REQUESTER	TELEPHONE NO. <input type="checkbox"/> FTS	DATE	RECEIPT OF RECORDS
-------------------	--	------	---------------------------

NAME AND ADDRESS OF AGENCY

(Include street address, building, room no., and ZIP Code)



(In Washington, D.C. area also include STOP number)

Requester please sign, date and return this form, for file item(s) listed above, *ONLY* if the block to right has been checked by the Records Center.

SIGNATURE	DATE
-----------	------