

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)

METRO COURIER SERVICE

FAX form to (215)305-2038 or email to philadelphia.reference@nara.gov

Delivery

Rush (Order by noon, receive within 4 hours)

Pick-up (serviced within 48 hours of request)

Regular (Order by 2:00PM, receive by 3:00PM next day)

NATURE OF SERVICE

FURNISH 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

DATE

SERVICE

TIME REQUIRED

SEARCHER'S INITIALS

SECTION III--TO BE COMPLETED BY REQUESTING AGENCY

NAME OF REQUESTER

TELEPHONE NO. FTS DATE

RECEIPT OF RECORDS

NAME AND ADDRESS OF AGENCY

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

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