

Document Services Request Form

Request Date: Project Leader:

Author:

Document Title:

Cost Codes: Document Due to NMED/DOE/EPA:

Service(s) Requested:

Peer Review

Writer/Editor Proofread Full Edit Hard Copy Edit Online

Compositor

Illustrator

Production Distribution beyond standard

Date to be submitted to peer review: Comments Due:

Peer Reviewers:

S-7 Review: Yes No Legal Review: Yes No DOE Review: Yes No

GIS Review: Yes No Data Review: Yes No

Document Page Count (text only): **Figures/Maps/Appendixes:**

No. of pages: _____ No. of Figures: _____ No. of Tables: _____ No. of Appendixes: _____

Distribution Requirements: *(specify distribution requirements in comment box below)*

Brief summary of request *(include request for extra copies):*

To be filled out by Document Manager only

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| Compositor: _____ | PR Resolution forms: Y/N | Controlled Document: Y/N |
| QA: _____ | ADC Review: Y/N | OOU: Y/N |
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