

REFERENCE REQUEST

Directions: 1. Please print or type. 3. Send all copies of form. 3. Use a separate form for each request.

1. RECORDS REQUESTED	
a. Case Number or Title	
b. Case No.	c. Date or Year
d. Other Information _____ _____ _____ _____ _____	

2. LOCATION OF RECORDS		
a. Accession or Lot No.	b. Box No.	c. Record Center Location
		Range(s) Section(s)

3. REQUESTOR		
a. Name	b. Telephone No.	c. Date of Request

4. Name and Address of Requesting Agency				

3	2	5	5	4
FINANCIAL AGENCY	FY	INDEX	PCA	AOBJ

FOR RECORDS CENTER USE ONLY			
<input type="checkbox"/> Records Destroyed <input type="checkbox"/> Records Missing From Box <input type="checkbox"/> Records Charged Out (name and date) _____	<input type="checkbox"/> Additional Information Needed _____ _____ <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Date</td> <td style="width: 50%;">Searcher's Initials</td> </tr> </table>	Date	Searcher's Initials
Date	Searcher's Initials		