



RECORD REQUEST FORM

DATE: _____ PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

DESCRIPTION OF RECORDS:

CIRCLE ONE: PICK UP MAIL

SIGNATURE: _____

For LPVRSAs Use Only:

Copies _____ Postage _____ TOTAL COST _____

Date Request Fulfilled _____ By _____

Date Information: Picked Up _____ Mailed _____