



REQUEST FOR RECORD

State Form 24019 (R7 / 5-16)

Name and title of requestor	Telephone number ()
Signature of requestor	Date signed (month, day, year)

FOR RECORDS CENTER USE ONLY	
<input type="checkbox"/> Record destroyed	<input type="checkbox"/> Not in box
<input type="checkbox"/> Location info. incorrect (please recheck)	
<input type="checkbox"/> On previous loan to:	

Agency and Division	Address (building, room number, city, and ZIP code)	Estimated date of return (month, day, year)
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NAME OF RECORD SERIES REQUESTED	RECORD SERIES NUMBER	ACCESSION NUMBER	DATE OF RECORD (month, day, year)	BOX NUMBER	LOCATION			ONE ITEM PER REQUEST FORM
					RANGE	ROW	SHELF	Name or number of file or whole box

DISTRIBUTION: White - Requesting Agency Canary - Records Center Pink - Records Center attach to box or file Green - Records Center on shelf



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