

## INDIANA ARCHIVES AND RECORDS ADMINISTRATION INDIANA STATE RECORDS CENTER

6400 East 30th Street Indianapolis, Indiana 46219 Telephone: (317) 591-5326 Fax: (317) 591-5328 E-mail: recordscenter@iara.in.gov

- INSTRUCTIONS: 1. Use this request to order used Records Boxes and Lids (State Form 46634).
  - 2. The Records Center will deliver box orders only within Marion county.
  - 3. Retain a copy of this form for your records.

| Name of requestor                  |                                   |  |                                     |  | Telephone number               |                 |                | Date ordered (month, day, year)   |                  |
|------------------------------------|-----------------------------------|--|-------------------------------------|--|--------------------------------|-----------------|----------------|-----------------------------------|------------------|
|                                    |                                   |  |                                     |  | (                              | )               |                |                                   |                  |
| Name of agency / division          |                                   |  |                                     |  |                                |                 | Project number | r                                 |                  |
| Activity number                    | number Source number Category num |  | Sub-Category number Locality number |  | number                         | Business unit * | Fund *         | Department *                      | Program number * |
| Quantity requested                 |                                   |  |                                     |  |                                |                 | <u> </u>       |                                   |                  |
| Comments                           |                                   |  |                                     |  |                                |                 |                |                                   |                  |
| Authorized signature               |                                   |  |                                     |  |                                |                 |                | Date (month, day, year)           |                  |
|                                    |                                   |  |                                     |  |                                |                 |                |                                   |                  |
| Order filled by:                   |                                   |  |                                     |  | Date filled (month, day, year) |                 |                | Date delivered (month, day, year) |                  |
| Signature of agency representative |                                   |  |                                     |  |                                |                 |                | Date (month, day, year)           |                  |

**DISTRIBUTION:** (1) Records Center Office; (2) Skid / Agency; (3) Records Center with agency signature

<sup>\*</sup> Required field for Billing Purposes