

Minichan BBS

14 Treaty Street
London, England N10TB
c/o Simon Frost
+447549009713

Minichan BBS Staff Request Form**MEMBER INFORMATION**

		Date _____	
Name (Last, first, middle initial) _____		Online handle _____	
Street address _____	City _____	Country _____	ZIP Code _____
Primary phone number _____	Secondary phone number _____	E-mail address _____	

Type of Request

- | | | |
|-----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Delete | <input type="checkbox"/> Lock | <input type="checkbox"/> Restriction |
| <input type="checkbox"/> Undelete | <input type="checkbox"/> Unlock | <input type="checkbox"/> Complaint |

Please describe nature of action requested (type of information requested; nature of request, restriction, alternative, or complaint, etc.) **in detail**.

Please list Minichan BBS staff members that were contacted regarding this matter:

Name _____	Date _____	Name _____	Date _____
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Signature _____ Date _____

For Administrative Use Only:

Date received _____

Action taken _____
_____ Date _____

Action taken _____
_____ Date _____

Official signature _____ Date _____

[Attach additional documentation, if applicable.]