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State Records Center Reference Request Form
 (Used by client agencies to request records from SRC storage)

#	Consignment Number	Item	Date Span	Location number (from transmittal)
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Nature of Request:		Date of Request
Furnish Copy	Temporary Withdrawal	

Select method of delivery:	Mail	E-Mail	Fax	Courier	SRC Delivery	Agency Pickup
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Name of Requestor:	
Agency:	
Address:	
Telephone:	
E-Mail:	
Fax:	

Number of Copies	Retrieved by:	Retrieval Date:
	Refiled by:	Refile Date:

Comments:	
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