

# LATIMORE TOWNSHIP RECORD REQUEST FORM

DATE \_\_\_\_\_ Tracking Number \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DESCRIPTION OF RECORDS (For more space, continue on back)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU WANT COPIES?                      YES                      NO

**INSTRUCTIONS:**    Pick-up                      Fax                      Mail

---

SIGNATURE: (When request is fulfilled) \_\_\_\_\_

*For Office Use Only:*

Copies \_\_\_\_\_      Postage \_\_\_\_\_      Disk \_\_\_\_\_      Fax \_\_\_\_\_

TOTAL COST \_\_\_\_\_

DATE REQUEST FILLED \_\_\_\_\_

INITIALS OF STAFF MEMBER \_\_\_\_\_

DATE INFORMATION: Picked Up \_\_\_\_\_ Faxed \_\_\_\_\_ Mailed \_\_\_\_\_