STATE RECORDS MANAGEMENT CENTER **RECORDS REQUEST**

Use a separate form for each request

Request Date									
RECORDS REQUESTED									
Cas	e Na	me or Ti	tle						
Case Number								Date or	
Case Number								Year	
Other Information			n						
LOCATION OF RECORDS									
Accession or Lo			t No.	Box Number	Rar		nge(s)	Section(s)	
REQUESTOR									
Name					Titl	le			
Agency					Div	ision			
Street Address									
City						State		Zip Code	
Telephone Number									
e-Mail Address									
FOR RECORDS CENTER USE ONLY									
	Records Destroyed					Additional Information Needed			
Records Missing From Box									
Records Charged Out to:									
Name Date									
Searcher's Initials						ate			
Mailing Address: Te					Tele	elephone Number: 410-799-1930			

FAX Number: 410-799-8532

State Records Management Center P.O. Box 275

Jessup, Maryland 20794