Maryland State Archives File Request

▶ Use a separate form for each request ◀

**Today's Date** ➔

|  |
| --- |
| **Requestor's Info** |

Name ➔

Agency ➔

Address (Where should we ship it to?) ➔

Phone Number ➔

Email ➔

|  |
| --- |
| **File/Record Info** |

Agency/Court ➔

Record Series & Number (Example: Mechanics Lien Record - T3351) ➔

Box Number ➔            Date/Year of File ➔

Case/File Number ➔

Name on File ➔

Location (Example: OR-8-2-32 or HF/11/15/34) ➔

|  |
| --- |
| **Anything Else We Should Know About This Request?** |

➔

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| **E-mail or Mail this form to:****Helpdesk Number:** 410-260-6487 **Email:** msa.helpdesk@maryland.gov**Mailing Address:** Attn: Sheila Simms, 350 Rowe Boulevard; Annapolis, MD 21401 |