



D.O. _____	Date _____
F.O. _____	Date _____

Instructions: Please complete all sections that apply to your request. Do not write in the shaded areas. An asterisk (*) indicates a required field. A double asterisk (**) indicates fields required if submitting the form in person.

*Full Name: _____ *Email Address: _____
 *Phone Number: _____ *Fax Number: _____
 *Address: _____
 **Your Signature: _____ *Date: _____ (dd/mm/yyyy)

Sources consulted prior to your query today?

- 1) _____ 2) _____
 3) _____ 4) _____

Purpose for making query? Private Research Work Related Organization Project

When needed by? / / (dd/mm/yyyy)

ARCHIVAL REQUEST

REQUEST TYPE (Check all that apply)	RESOURCES NEEDED (Leave blank if unsure)
<input type="checkbox"/> Microfilm/microfiche	
<input type="checkbox"/> Access reference books	
<input type="checkbox"/> Access original archival records	
<input type="checkbox"/> Deposit materials	
<input type="checkbox"/> Other	

*Your Question (Please be specific): _____

Please note: Currently, we cannot undertake research for patrons except to provide very quick-reference type answers. If you are unable to personally conduct your required research, we can provide referrals to local researchers upon request.

RECORDS MANAGEMENT REQUEST

REQUEST TYPE (Check all that apply)	RESOURCES NEEDED (Leave blank if unsure)
<input type="checkbox"/> Procedures Manual Question	
<input type="checkbox"/> Transfer records (Retention/Disposal)	
<input type="checkbox"/> Destroy records (Retention/Disposal)	
<input type="checkbox"/> Training or in-office assistance	
<input type="checkbox"/> Other	

*Your Question (Please be specific): _____

Official Use Only

Subject: _____
 Referral: _____