

# FOX TOWNSHIP RECORD REQUEST FORM

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTIONS: PICK-UP      FAX      MAIL      DISK      EMAIL

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

For Office Use Only:

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

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

DATE REQUEST FULFILLED \_\_\_\_\_

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

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