

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 _____