**RECORDS SERVICE FORM**

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| Date:        | Record Group #        |
| Records Officer/Authorized Agent:        | Department:       |
| Address:        | Division:       |
| Phone:        | Section:       |
| [ ]  DELIVER RECORDS TO (Name / Physical Address):       |
| [ ]  EMAIL RECORD(S) TO (Name/Email):       |
| [ ]  RECORD(S) WILL BE PICKED UP BY AGENCY REPRESENTATIVE (Name):        |
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| **ARCHIVES** **USE ONLY****INQUIRY #** | **Storage****Facility****Box #** | **ARCHIVES USE ONLY****LOCATION**  | **YOUR****AGENCY BOX #**  | **Record Series Number** | **YEAR****OF RECORDS** | RECORD TITLE DESCRIPTION | ***Storage Facility*****Iron Mountain****Access Information Management****DE Public Archives** |
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| RECORD(S) RECEIVED FROM THE DE PUBLIC ARCHIVES      |       | RECORD(S) RETURNED TO THE DE PUBLIC ARCHIVES      |       |
| SIGNATURE | DATE | SIGNATURE | DATE |

02/05/2019