

REFERENCE REQUEST – FEDERAL RECORDS CENTERS

NOTE: Use a separate form for each request.

SECTION I – TO BE COMPLETED BY REQUESTING AGENCY

ACCESSION NO. 092-70A0001	AGENCY BOX NUMBER 10398	RECORDS CENTER LOCATION NUMBER 09/16-00-1-1
DESCRIPTION OF RECORD(S) OR INFORMATION REQUESTED		

BOX

FOLDER (include file number and title)

MANILA # 2 X 197

REMARKS

NATURE OF SERVICE


- FURNISH COPY OF RECORD(S) ONLY
 PERMANENT WITHDRAWAL
 TEMPORARY LOAN OF RECORD(S)
 REVIEW
 OTHER (SPECIFY)

SECTION II – FOR USE BY RECORDS CENTER

<input type="checkbox"/> RECORDS NOT IN CENTER CUSTODY <input type="checkbox"/> RECORDS DESTROYED <input type="checkbox"/> WRONG ACCESSION NUMBER – PLEASE RECHECK <input type="checkbox"/> WRONG BOX NUMBER – PLEASE RECHECK <input type="checkbox"/> WRONG CENTER LOCATION – PLEASE RECHECK <input type="checkbox"/> ADDITIONAL INFORMATION REQUESTED TO IDENTIFY RECORDS REQUESTED <input type="checkbox"/> MISSING (Neither record(s), information nor charge card found in container(s) specified) <input type="checkbox"/> RECORDS PREVIOUSLY CHARGED OUT TO (Name, agency and date)	REMARKS

DATE	SERVICE	TIME REQUIRED	SEARCHER'S INITIALS
9/23/04			W

SECTION III – TO BE COMPLETED BY REQUESTING AGENCY

NAME OF REQUESTER LTC Deborah Skillman	TELEPHONE NO. <input type="checkbox"/> FTS 703-325-5314	DATE	RECEIPT OF RECORDS	
NAME AND ADDRESS OF AGENCY (Include street address, building, room no. and ZIP Code)  DEPARTMENT OF THE ARMY ATTN:TAPAC-PED, LTC SKILLMAN 2461 EISENHOWER AVENUE ALEXANDRIA, VA. 22331			Requester please sign, date and return this form, for file item(s) listed above, <i>ONLY</i> if the block to right has been checked by the Records Center <input type="checkbox"/>	
			SIGNATURE	

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PREVIOUS EDITION USABLE

(FACSIMILE) OPTIONAL FORM 11 (Rev. 7-87)
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