

**STATE RECORDS MANAGEMENT CENTER
RECORDS REQUEST**

Use a separate form for each request

Request Date	
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RECORDS REQUESTED

Case Name or Title			
Case Number		Date or Year	
Other Information			

LOCATION OF RECORDS

Accession or Lot No.	Box Number	Range(s)	Section(s)

REQUESTOR

Name		Title	
Agency		Division	
Mailing Address (Street address, City, State, Zip Code)			
Telephone Number			
E-mail Address			

FOR RECORDS CENTER USE ONLY

<input type="checkbox"/> Records Destroyed	<input type="checkbox"/> Additional Information Needed
<input type="checkbox"/> Records Missing From Box	
<input type="checkbox"/> Records Charged Out to:	
Name Date	
Searcher's Initials	Date

Mailing Address:

**State Records Management Center
P.O. Box 275
Jessup, Maryland 20794**

Telephone Number: 410-799-1930

FAX Number: 410-799-8532