



# CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

1610 INDUSTRIAL BOULEVARD, SUITE 400A  
LEWISBURG, PENNSYLVANIA 17837

## RECORD REQUEST FORM

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

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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 \_\_\_\_\_