

PRINCE GEORGE'S COUNTY
OFFICE OF CENTRAL SERVICES
GENERAL SERVICES DIVISION
RECORDS MANAGEMENT CENTER

REQUEST FOR RECORDS

Description of Records or Information Requested:

REMARKS

Name of Requestor

Telephone Number

Date

Name & Address of Requesting Agency

Box Number

(if known)

Record Center Location Numbers

FOR RECORDS CENTER USE ONLY

- Records Destroyed
- Wrong Box Number – Please Recheck
- Additional Information Needed
- Missing (neither records nor charge card found in box specified)
- Records Charged Out to (name, office, date)

Remarks:

Suspense Date:

Records Retained:

Date Time Required Searcher's Initials

I acknowledge receipt of the records listed above.

NAME

TITLE

DATE