

COUNTY OF AMADOR - RECORDS MANAGEMENT  
 RECORD REQUEST (RM5)

**KEEP THIS FORM ATTACHED TO RECORD**

AGENCY/DEPARTMENT		DIVISION		DATE
REQUESTOR (first & last name)		PHONE/EXT	REQUESTED FOR (first & last name)	
<input type="checkbox"/> RETRIEVE TO BE RETURNED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> INTERFILE NEW MATERIAL <input type="checkbox"/> REFILE. (Date & Initial) _____		Date Needed _____		
PERMANENT BOX NO.	BOX LOCATION & SPACE NO.	<input type="checkbox"/> SEND ENTIRE BOX	FILE/FOLDER BARCODE NO. (if box is indexed)	
FILE/FOLDER TITLE (if applicable)		OTHER INFORMATION (if applicable)		
<b>DO NOT WRITE BELOW THIS LINE          RECORDS CENTER USE ONLY</b>				
Record(s) provided to _____				
Unable to deliver: _____				
Delay in delivery: _____				
Date Request Completed _____		Provided By _____		