

STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE Records Management Form LS5E203R1-7/2003	FLORIDA STATE RECORDS CENTER REQUEST FOR REFERENCE SERVICE
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SEND ORIGINAL AND TWO COPIES TO: Department of Juvenile Justice Records Management 2737 Centerview Drive, Suite 1427 Tallahassee, FL 32399-3100 Or by Fax: (850) 413-0057 ATTENTION: Records Management	FOR RECORDS CENTER USE ONLY		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; text-align: center; padding: 5px;"> THE RECORD ITEMS LISTED BELOW WERE READY FOR PICKUP/DELIVERY ON <hr style="width:80%; margin: auto;"/> DATE <hr style="width:80%; margin: auto;"/> SRC STAFF INITIALS </td> <td style="width:30%; text-align: center; padding: 5px;"> DATE REQUEST RECEIVED </td> </tr> </table>	THE RECORD ITEMS LISTED BELOW WERE READY FOR PICKUP/DELIVERY ON <hr style="width:80%; margin: auto;"/> DATE <hr style="width:80%; margin: auto;"/> SRC STAFF INITIALS	DATE REQUEST RECEIVED
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1. TYPE OF SERVICE REQUESTED (Check One Only)

a. Check Out (Retrieval)
 b. Copy of Records
 c. Information from Records
 d. Permanent Withdrawal

2. BOXES AND/OR FILES REQUESTED

a. LINE NUMBER	b. DESCRIPTION OF BOX OR FILE REQUESTED	c. BAR CODE NUMBER ("C" number or Acc. + SRC Number for boxes, or "F" number for files)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

3. REMARKS

4. NAME OF AUTHORIZED REQUESTER	5. TEL. NO.	9. RECEIPT FOR RECORDS LOANED OR WITHDRAWN I have received the record items listed above.	
6. LOCATION	7. DATE		
8. AGENCY (Name and Address)			