

PLAINFIELD TOWNSHIP  
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

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 \_\_\_\_\_