CITY OF SPOKANE

OFFICE OF THE CITY CLERK

Phone 625-6350

RECORDS MANAGEMENT REQUEST FORM

Boxes & files being returned and new boxes are picked up on Wednesdays only.

Department_____ Date Click here to enter a date._____

Requested By_____ Ext_____

BOX NUMBER	BOX CONTENTS	Retrieve / Return / New
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.

Notes: Click here to enter text.

☐**DELIVER TO:** Click here to enter Department Name., Click here to enter address, location, City Hall Floor #, etc., Click here to enter contact name.

☐**PICK UP AT:** Click here to enter Department Name., Click here to enter address, location City Hall Floor #, etc., Click here to enter contact name.

(For Clerk's Use only)

TO: NWM Vital Records Storage
FROM: Choose an item.
Emailed: Click here to enter a date.