

# GRAND RAPIDS CITY RECORDS CENTER

## REFERENCE REQUEST

Department		Division	
Requester's Name		Phone	
Record Series Title & Dates			
Folder Title/Number			
Series No.	Accession No.	Box No.	Location
<input type="checkbox"/> Records Center Delivery		Other Instructions:	
<input type="checkbox"/> Pickup by Department			
<input type="checkbox"/> Interdepartmental Mail			
Request Received By:		Date	Time
Records Received By:		Date	Time
Date Records Were Returned:			