

## OFF-SITE FILE REQUEST

Case No.: \_\_\_\_\_

Check if urgent.

File needed by: \_\_\_\_\_  
[Date]

Case Caption: \_\_\_\_\_

\_\_\_\_\_  
Name of person requesting file

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Address

[Time Stamp]

\_\_\_\_\_  
City/State Zip

Staff Initials: \_\_\_\_\_

File requests are processed on Monday, Wednesday & Friday. You will be contacted at the telephone number listed above when the file becomes available for your inspection.