

ARCHIVES AND RECORDS SERVICES DIVISION
RECORDS REQUEST FORM



fax 806-5528 or email records@co.hunterdon.nj.us

1. Requesting Date: _____ Date Requested: _____ Dept. Name _____		2. Record Series Title: _____	
3. Record Series Title Code: _____	4. Records Center Box No.: _____ 5. Dept. Box No.: _____	6. Records Center Location Code: _____	

7. Description of Requested File, Document, Etc.: *attach copy(s) if necessary*

8. Requestor: Name: _____ Telephone No.: _____ Email: _____		9. Authorized By: Name: _____ Signature: _____ Date Authorized: _____	
10. TYPE OF REQUEST: <input type="checkbox"/> In-Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Inter-Office	11. TYPE OF SERVICE: <input type="checkbox"/> Temporary Withdrawal <input type="checkbox"/> Permanent Withdrawal <input type="checkbox"/> Reference Only <input type="checkbox"/> Photocopy	12. RECORDS WERE: <input type="checkbox"/> Furnished <input type="checkbox"/> Not in Center <input type="checkbox"/> Missing <input type="checkbox"/> Previously Charged out to _____	13. DISPOSITION BY: <input type="checkbox"/> Deliver to Dept. <input type="checkbox"/> Pick-Up @ Records Center <input type="checkbox"/> Telephone Answer <input type="checkbox"/> Fax Request Date: _____
14. Returned to Records Center: Date: _____		15. Received at Records Center: By: _____ Date: _____	

INSTRUCTIONS:

Complete sections 1 through 11 and send to:

Dept. of Central Printing & Mail Records Services Division, Rt. 12 County Complex, Bldg 5A.

For assistance, call extension 4150 or email: records@co.hunterdon.nj.us