Commonwealth of Virginia
THE LIBRARY OF VIRGINIA
Records Management and Imaging Services Division
800 East Broad Street, Richmond, VA 23219-8000
(804) 692-3600

Archives Retrieval Request

(Form RM-21 Nov99)

SEE BACK OF FORM FOR INSTRUCTIONS.

1) Name of Agency / Locality	**2) Agency Code**	**3) Name of Department**	
4) Address	**5) Telephone No.**	**6) Name and Title of Requester**	**7) Date of Request**

Records Retrieved By:	**Data Entered By:**	**Time and Date Request Completed:**	**LVA Notes:**

8) Your Box No. *(from RM-17)*	**9) Records Requested** *(identify name or number of files to be retrieved)*	**10) Date(s) of Records**	**11) Accession No.** *(from RM-17)*	**LVA Check Out Control Bar Code No.**

ADDITIONAL FORM SPACE ON BACK OF THIS PAGE.