

RECORD REQUEST FORM - OXFORD BOROUGH

DATE _____

NAME _____

ADDRESS _____

FAX _____

DESCRIPTION OF SPECIFIC RECORDS REQUESTED

Method (s) of delivery: pickup/mail/fax

Signature of Requestor (upon completion of request)

For Office Use Only

Number of pages reproduced _____ **Postage** _____ **Fax** _____

Copies @ .25 cent **Fax \$1.00**

Total Cost _____ **Date Completed** _____ **Date Mailed** _____

Staff member completing request _____