ARCHIVES MANAGEMENT CENTERS, Inc.

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www.archives-amc.com

RETRIEVAL REQUEST FORM

PLEASE PRINT CLEARLY ALL INFORMATION

ACCOUNT #_____**ACCOUNT NAME** _____

AUTHORIZED BY: _____

- ORDERS RECEIVED BY 5:00 PM WILL BE DELIVERED BY 5:00 PM THE NEXT BUSINESS DAY

RUSH ORDERS MUST BE CALLED INTO THE OFFICE !

BOX NUMBER	FILE NAME OR NUMBER

COMMENTS: