REFERENCE REQUEST

DIVISION of REVENUE and ENTERPRISE SERVICES
RECORDS STORAGE CENTER
PO BOX 661,2300 Stuyvesant Avenue
Trenton, N.J. 08625 (609) 530-3220 (FAX)

Trenton, N.J. 08625 (609) 530-3220 (FAX)				
AGENCY NAME AND ADDRESS				
REQUESTER NAME				
AUTHORIZATION	REQUES	Γ DATE	PHO	ONE NO.
NO.				
DESCRIPTION OF	REQUEST	ED EILE	DC	CLIMENT ETC
DESCRIPTION OF	REQUEST	ED FILE	, DC	COMENT, ETC.
RECORD CENTER LOCATION NUMBER				
REGORD GENTER	200/1110	IV IVOIVIE		
REQUEST TYPE				
VISIT TELEPHONE MAIL				
SERVICE TYPE		DELIVE	RY	TYPE
WITHDRAWL	R.S.C. DRIVER			
☐ WITHDRAWL - PERM. ☐ AGEN			ENC	Y PICK-UP
RECORD STATUS	3			
RETRIEVED NOT IN BOX				
PREVIOUSLY CHARGED OUT TO:				
	OHAROLL	, 001 10	<i>J</i> .	
RECEIVED BY (Signature)				
AUTHORIZATION			DATE RECEIVED	
	👽 .			
DATE RETURNED			INITIALS	