



RECORDS MANAGEMENT SYSTEM RETRIEVAL REQUEST FORM

DATE:		
NAME:		
PUBLIC:	ADDRESS:	DATE OF BIRTH:
10 DIGIT BAND NUMBER: _____		
TELEPHONE # (Home)	(Cell)	
TYPE OF REQUEST: Personal ___ Telephone ___ Written ___ Fax ___ Email ___		
TIME OF REQUEST: _____		
BRIEF DESCRIPTION OF INFORMATION REQUESTED:		
REASON FOR REQUEST:		
I have received and agreed to the fee schedule for costs involved:		
Applicant's signature: _____		Date: _____
APPROVAL GRANTED		
By the Senior Administrative Officer: _____		Date: _____
By Council Resolution No.: _____ Meeting Date: _____		
APPROVAL DENIED		
Reason: _____		

FOR RECORDS CENTRE USE ONLY

INFORMATION FOUND: YES ____ NO ____

COMMENTS:

COPIES ISSUED: ____ @ \$1.25 each: \$ ____

TIME: DATE: _____ Start @ _____ End @ _____ Time spent:
____ Hour(s) ____ Minutes

DATE: _____ Start @ _____ End @ _____ Time spent:
____ Hour(s) ____ Minutes

FEE FOR TIME SPENT @\$12.00 per Hour: ____ Hrs ____ Min: \$ ____

MONEY COLLECTED: \$

SIGNATURE OF RMS OFFICIAL: