STATE OF FLORIDA DEPARTMENT OF STATE Division of Library and Information Services Form LS5E206R1-7/2003

## FLORIDA STATE RECORDS CENTER REQUEST FOR RETURN OF REFERENCE SERVICE WORK (RE-FILE SERVICE)

## 1. BOXES/FILES TO BE RETURNED (RE-FILED)

| a. Line<br>Number    | b. DESCRIPTION OF BOX OR FILE TO BE RETURNED (RE-FILED) |                  | FILED)   | c. Barcode Number<br>("C" number or Acc + SRC Number for boxes,<br>or "F" number for files) |
|----------------------|---|------------------|--|---|
| 1.                   |   |                  |  |   |
| 2.                   |   |                  |  |   |
| 3.                   |   |                  |  |   |
| 4.                   |   |                  |  |   |
| 5.                   |   |                  |  |   |
| 6.                   |   |                  |  |   |
| 7.                   |   |                  |  |   |
| 8.                   |   |                  |  |   |
| 9.                   |   |                  |  |   |
| 10.                  |   |                  |  |   |
| 11.                  |   |                  |  |   |
| 12.                  |   |                  |  |   |
| 2. Remarks           |   |                  |  |   |
|                      |   |                  |  |   |
| 3. Name of Requester |   | 4. Telephone No. | Receipt for Returned Records (SRC Staff)     I have received the above listed records. |   |
| 5. Location          |   | 6. Date          | 8. (a) Signature   |   |
| 7. Agency            |   | <u> </u>         | 8. (b) Date  |   |