



Company:	<hr/>		
Name	<hr/>	Phone Number:	<hr/>
Address:	<hr/>		
Fax Number:	<hr/>	Email Address:	<hr/>

The charge to you for access to the record(s) you requested is: \$

Time of Request	Date: _____	Time Access Provided	Date: _____
	Time: _____		Time: _____
Staff Time Involved:	_____ Hours	_____ Minutes	
Charges:	_____		
Date Picked Up:	_____	Amount Paid	_____
GL Account Number	_____		

Signature of Record Custodian