

Government of Northwest Territories Government des Territories du Nord-Ouest

REQUEST FOR RECORDS SHADED AREA IS FOR RECORDS MANAGEMENT USE ONLY
* Indicates mandatory fields

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	Prefix *		Department *		Division/Section *
Requested by (Name) * Building/ Phone			e #	Requested for (Name)	Building/ Phone #
File Name *					File and Volume Number
Temporary Box Number *			Transfer Date		Return By □ Date:
Box Locator *			DIIMS Transfer ID*		☐ Permanent Return / Reactivation
DIIMS Box ID*			Name of Records Coordinator		
Comments					
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