



HO-CHUNK NATION

Information Technology Department/Records Management Department

Document Request Form

Date: _____

Requester: _____

Title: _____

Department: _____

Description of Documents:

I have received	
<input type="checkbox"/> A COPY	_____ Time request taken
<input type="checkbox"/> An ORIGINAL	_____ Time request delivered
of the above document(s) from the Record Management Department	
Signature of Requester	Signature of Records Staff
_____	_____

Original Returned:

REQUEST FORM
RM95.01 R04/05