

NJ RECORDS STORAGE CENTER RECORDS REQUEST ORDER PREPARATION INSTRUCTIONS

- **ITEMS 1, 2, & 3 REQUESTING AGENCY INFORMATION:** Enter name of department, division, bureau, or office.
- **ITEMS 4, 5, & 6 CONTACT INFORMATION:** Enter name, title, and phone number of person making the request.
- **ITEM 7 LOCATION:** Enter address to which the requested records are to be delivered, if applicable.
- **ITEMS 8 & 9 E-MAIL ADDRESS & FAX NUMBER:** Enter e-mail address and fax number.
- **ITEM 10 SERVICE TYPE:** Check mark the appropriate service type. *If your request has more than one service type, please use a separate request form for each additional service type.*
- **ITEM 11 DELIVERY TYPE:** Check mark the appropriate delivery type.
- **ITEM 12 REQUEST NUMBER:** Each record request should be assigned a number in sequence (2004/1, 2004/2, etc.) by the agency to aid in identifying the order.
- **ITEM 13 RECORDS STORAGE CENTER (RSC) AUTHORIZATION NUMBER:** Enter the 6-digit authorization number assigned to the agency by the Supervisor of the Records Storage Center. *This number is confidential; please keep it secure.*
- **ITEM 14 DATE OF REQUEST:** Date the request order form is submitted.
- **ITEM 15 AGENCY SIGNATURE:** Signature of authorized agency representative making the request.
- **ITEM 16 DESCRIPTION OF BOX OR FILE:** Enter box number, file name or file number, etc. Use a new line for every separate box or file requested.
- **ITEM 17 RSC LOCATION NUMBER:** Enter the records storage location number as it appears on the Records Transfer Request form.
- **ITEMS 18 – 22:** Leave Blank; these fields are for Records Storage Center use only.

After completing ITEMS 1 through 17, fax or mail the *NJ Records Storage Center Records Request Order* to the New Jersey Records Storage Center. Upon receipt, we will process your request, and complete ITEMS 18 through 22. A copy of the completed form will be faxed back to your agency.

NOTE: If the Records Storage Center staff returns the request with a problem noted in ITEM 19, the agency is asked to resubmit another request order with new or additional information, which will aid in locating the requested box or file.

Questions concerning the form or its instructions should be directed to the Supervisor of Records Storage at (609) 530-3221.

RECORD(S) REQUEST ORDER

NJ Records Storage Center

PO Box 307, 2300 Stuyvesant Avenue

Trenton, NJ 08625 Phone (609) 530-3219 Fax (609) 530-3220

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1. Department	2. Division	3. Bureau/Office	10. Service Type	11. Delivery Type
4. Contact Person	5. Title	6. Phone Number	<input type="checkbox"/> Temporary Withdraw <input type="checkbox"/> Permanent Withdraw <input type="checkbox"/> Fax/Copy <input type="checkbox"/> Information Only	<input type="checkbox"/> RSC Driver <input type="checkbox"/> Agency Pick-up <input type="checkbox"/> Fax/Phone <input type="checkbox"/> Mail
7. Location	8. E-mail Address	9. Fax Number		
12. Request Number	13. Authorization Number	14. Request Date		
16. Description of Box or File, File Number			15. Agency Signature	
17. RSC Location No.			18. Record(s) Status (For RSC Use Only)	
A.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
B.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
C.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
D.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
E.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
F.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
G.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
H.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
I.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
J.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
K.			<input type="checkbox"/> Retrieved <input type="checkbox"/> Not in Box <input type="checkbox"/> Wrong Info. <input type="checkbox"/> Previously Charged to:	Initial
19. Reference Order Completed (Except Where Noted)			20. RSC Staff Signature	21. Faxed to Agency <input type="checkbox"/>
				22. Date