



FOR INTERNAL USE

Date request received by RMO/RAO: \_\_\_\_\_  
Received/Reviewed by: \_\_\_\_\_  
Department Holding Records: \_\_\_\_\_  
Date 5 Day Letter Due: \_\_\_\_\_  
Due Date for Fulfillment: \_\_\_\_\_

Request forwarded to \_\_\_\_\_ Department Date: \_\_\_\_\_  
Attention: \_\_\_\_\_

Date Five (5) Day Response Sent: \_\_\_\_\_ Fee Amt: \_\_\_\_\_  
Fulfillment Time/Comments: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_ Amount: \_\_\_\_\_  
Fulfillment Due Date: \_\_\_\_\_

Sent by/Picked-up by: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature of staff mailing or person picking up)  
Print Name: \_\_\_\_\_