

**Cost Recovery Litigation Records Center
Civil Environmental Engineering Division
PO BOX 025504
Miami, FL 33102
Phone 305-876-0713
Fax 305-876-0239**

Records Request Form

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Telephone: _____ Fax: _____

Documents requestor(s) wish(es) to review:

File number(s): _____

Bates range(s): _____

Keyword(s): _____

Please use additional pages if necessary. Do not write below this line.

Date received: ____ / ____ / ____ Received by: _____

Comments: _____

Review approved disapproved Duplicate copy set required

Review approved by: _____

Date and time of review appointment: _____

Date notified (attach phone log and copy of e-mail): _____

Room assignment: _____ Supervisor: _____

Signature(s) of reviewer(s): _____

Date and time of arrival: _____

Date and time of departure: _____

Attach File Review Log _____