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| **Date:** |  |  |  |
| **REQUESTED BY:** | **TO BE VIEWED BY OR COPY MAILED TO (if different from requester):** |
| **Name:** |  | **Name:** |  |
| **Branch/Department:** |  | **Branch/Department:** |  |
| **Phone/Email:** |  | **Phone/Email:** |  |
| **Mailing address (if requested):** |  |
| **PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:** |
| View at Archives, by appointment (3rd floor, 200 Vaughan St, Winnipeg) | Archives to PHOTOCOPY **& MAIL****(For clients outside of Winnipeg)** |

| **SCHEDULE** **NO.** | **FILE NO. / FILE TITLE** **or indicate COMPLETE BOX** | **STORAGE LOCATION**(Aisle – Bay – Shelf – Box or Q no.) |
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