|  |  |  |  |
| --- | --- | --- | --- |
| **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.) | Archives to PHOTOCOPY **& MAIL****(For clients outside of Winnipeg)** |

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