

**REQUEST FOR RETRIEVAL OF RECORDS**

**FOR URGENT REQUESTS PLEASE EMAIL DCJ RECORDS MANAGEMENT via E-mail:** **NGORecordsManagement@facs.nsw.gov.au**

**ORGANISATIONS DETAILS**

**Organisations Name:**

**Requesting Officers Surname:**

**Requesting Officers Given Name:**

**Contact Number:**

**Address for Delivery:**

**Suburb:**

**RECORD DETAILS**

**Unique Identifying Number:**

**Record Title:**

**Comments:**

**CHIEF INFORMATION OFFICER OR DELEGATES DETAILS**

**Requesting Officers Surname:**

**Requesting Officers Given Name:**

**Contact Number:**

**Office Location:**

**RETRIEVAL INFORMATION - DCJ Records Management TO COMPLETE**

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| --- | --- | --- | --- |
| **GRR Transaction:** |  |  |  **Shelf Location:** |
| **Date Requested:** |  |  |  **Date Received:** |
| **Date Received:** |  |  |  **Date Finalised:** |
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