TO: Local Records Commission Margaret Cross Norton Building Springfield, IL 62756 217-782-7075

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ADDRESS:	
	(Street, P.O. Box)
	(City, ZIP)
CONTACT TELEF	PHONE: ()
CONTACT EMAIL	<u>:</u>

APPLICATION ITEM NO.	RECORD SERIES TITLE	INCLUSIVE DATES	VOLUME OF RECORDS (Cu. Ft. or MB/GB)
			Total Volume from all pages
			Cu. Ft
			MB/GB

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Signature of the Agency Official

Submission Date

Print Agency Official name and title on line above

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