

RECORDS CENTER USE ONLY DATE: TO: FR: # OF PAGES:	SEARCHER: DATE SEARCHED: DATE DELIVERED / SENT: METHOD OF DELIVERY: REFILED BY:
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**HARRIS COUNTY RECORDS CENTER
RECORDS REQUEST FORM**

4625 Crites
Houston, TX 77011

PHONE NUMBER: 713-921-8820 FAX NUMBER: 713-924-4126 EMAIL: Records.Center@itc.hctx.net

REQUESTED BY

NAME: Paula	OFFICE: Harris County Dept. of XXXXXX	DATE: 12-12-06
PHONE #: 713-555-1414	EXT: 1010	FAX : 713-555-1313

ACTION REQUESTED

DELIVER ORIGINAL () FAX COPY () FURNISH INFORMATION BY PHONE ()
 TYPE OF WITHDRAWAL: TEMPORARY () PERMANENT () EXPUNCTION ()
SPECIAL INSTRUCTIONS:

DESCRIPTION OF RECORD

DATE & RECORDS TITLE	CASE NUMBER OR FILE ID	BOX OR VOLUME #	LOCATION (<i>LEAVE BLANK</i>)	DISPOSITION (<i>LEAVE BLANK</i>)
Menus	January 2002	Lu-235		

***WHEN SENDING A FILE OR BOX BACK FOR REFILE, A COPY OF THIS FORM MUST BE ATTACHED.**