

# MICROFILM REQUEST

STATE RECORDS & ARCHIVES CENTER USE ONLY

WORK ORDER #

DATE RECORDS REC'D

IMAGING TECH SIGNATURE

FROM: (DEPARTMENT NAME AND ADDRESS)

TO:

State Records and Archives Center  
 SOS Imaging Services  
 600 W Main Street – Room 192  
 Jefferson City, Missouri 65101

Telephone: (573) 751-4102  
 Fax: (573) 526-5327  
 Email: [imaging@sos.mo.gov](mailto:imaging@sos.mo.gov)

CONTACT NAME:

PHONE / FAX:

EMAIL:

AGENCY BOX NUMBER	BOX BARCODE	TITLE OR DESCRIPTION	SPECIAL INSTRUCTIONS

SUBMITTED BY: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_ SOS FILM RETURN DATE: \_\_\_\_\_

Send original to SOS Imaging and retain copy for your records