

City and Borough of Sitka
EMPLOYEE RECORDS REQUEST
Records Center Check Out and Return Form

Please complete the following form and submit to Mary Ann Jones, Records Archivist, 747-1815, FAX: 747-7403,
maryann@cityofsitka.com

Date Requested: _____
 Requested By: _____ Phone: _____ Email: _____

For Records Center Use

Record(s) Description with Date(s)	Date Delivered	Delivered By	Aisle	Section	Shelf	Box

Date Returned:	Signature of Records Archivist:
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