

IP CONTROL NO. (Filled in by OG/CFS)

DOCUMENT SERVICE REQUEST

[Redacted] 3
FPL/PS
EXT. 1313-1644
CONFIDENTIAL CLBY 058416
DECL OADR DRV COV 1-82
GD-448
1H5113
TUBE CY1

DATE OF REQUEST
7 May 84
BRANCH ROOM NO. PHONE NO.

TO:		DATE		INITIALS
		RCD.	FWD.	
1	OG/CFS			
	DT-6			
2	REQUESTER			
3	OG/CFS			
	DT-6			
4				
5				

INSTRUCTIONS

- Use this form to request files and/or documents from OG/CFS. (Not to be used in lieu of Form 362.)
- Include badge number and tube station in "FROM" block if gummed label has not been issued.
- Indicate type of charge:
 - Temporary
 - Permanent
- Precedence:
 - Routine
 - Priority
 - Immediate
- Use reverse side of form.

SUBJECT (must be furnished)
Mexico City Dispatches (Bernie)
F-81-0351

HQ FILE NUMBER	DOCUMENT SYMBOL AND NUMBER	DOCUMENT DATE	DISPOSITION OF REQUEST (To be completed by OG/CFS)
	<i>Hmmw - 12109</i>	<i>1963</i>	<i>NIR</i>
	<i>Hmmw - 12120</i>	<i>1963</i>	<i>NIR</i>

