IP CONTROL NO. (Filled in by OG/C	CFS)			
		DOCUMENT SERVICE REQUEST		
)	DATE OF PEOUROT		
FPL/PS	GD -44 8	DATE OF REQUEST		
EXT. 1313 1644	1H5113	BRANCH ROOM NO. PHONE NO.		
CONFIDENTIAL C	TUBE CY1			
DECL DADE DEV	LBY 058416			
TO:	INITIALS	INSTRUCTIONS =		
	RCD. FWD.	INSTRUCTIONS 5		
OG/CFS DT-6		1. Use this form to request files and/or documents from OG/CFS, (Not to be used in lieu of Fgrm		
2 REQUESTER		362.) 2. Include badge number and tube station in "FROM" block if gummed label has not been issued.)		
3 OG/CFS DT-6		3. Indicate type of charge:		
4		Temporary Permanent		
		4. Precedence:		
5				
		Routine Priority Immediate		
SUBJECT (must be furnished) Marked City Desp	7 (Bernie)	5. Use reverse side of form.		
merce city xlisp	volches			
l	181-0351			
HQ FILE NUMBER	DOCUMENT SYMBOL AND NUMBER	DOCUMENT DISPOSITION OF REQUEST DATE (To be completed by OG/CFS)		
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SECRET (When Filled In)

HQ FILE NUMBER	DOCUMENT SYMBOL AND NUMBER	DOCUMENT DATE	DISPOSITION OF REQUEST (To be completed by OG/CFS)
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