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| **Date:** |  |  |  | |
| **REQUESTED BY:** | | **TO BE VIEWED BY OR COPY MAILED TO  (if different from requester):** | | |
| **Name:** |  | **Name:** | |  |
| **Branch/Department:** |  | **Branch/Department:** | |  |
| **Phone/Email:** |  | **Phone/Email:** | |  |
| **Mailing address  (if requested):** |  | | | |
| **PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:** | | | | |
| View at Archives, by appointment  (3rd floor, 200 Vaughan St.) | | Archives to PHOTOCOPY **& MAIL**  **(For clients outside of Winnipeg)** | | |

| **SCHEDULE NO.** | **FILE NO. / FILE TITLE**  **or indicate COMPLETE BOX** | **LOCATION NO.**  (Aisle – Bay – Shelf – Box or  Q no.) |
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