

**WEST VIRGINIA DIVISION OF HIGHWAYS**  
**MICROFILM & IMAGING REQUEST**

Date	Person Requesting	Phone No.	(P/N) Federal Participating?
Organization No.	Authorization No.	Activity Code	
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Please fill in this form completely and submit it to OFFICE SERVICES MICROFILM & IMAGING in Room A-028. Improperly completed forms cannot not be accepted.  
All reproductions will be archived and retained in accordance with the West Virginia Department of Transportation Retention and Disposal Schedule unless otherwise instructed.

RECORD DESCRIPTION: \_\_\_\_\_

ESTIMATED VOLUME: _____	<input type="checkbox"/> Boxes	<input type="checkbox"/> Binders	<input type="checkbox"/> Folders	<input type="checkbox"/> Sheets
	(CHECK ONE)		<input type="checkbox"/> Other: _____	

DOCUMENTS TO BE:	(CHECK ONE, CORRESPONDS WITH ACTIVITY CODE)		
<input type="checkbox"/> Microfilmed	<input type="checkbox"/> Scanned to Digital PDF	<input type="checkbox"/> Scanned to PDF	<input type="checkbox"/> <i>and</i> returned via CD
<input type="checkbox"/> Other (Explain): _____			

SPECIAL INSTRUCTIONS:   
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DISPOSITION OF ORIGINAL RECORDS:
<input type="checkbox"/> Return <input type="checkbox"/> Discard <input type="checkbox"/> Shred <input type="checkbox"/> Other (Explain): _____
_____ <p style="text-align: center;"><b>AUTHORIZED SIGNATURE</b></p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><b>DATE</b></p>

<p><i>THIS SECTION FOR I&amp;M OFFICE USE ONLY</i></p> RECEIVED AND INSPECTED BY: _____ DATE PROJECT COMPLETED: _____
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