



# Authorised Agency Retrieval Request Form

Please Note – Fields marked with an asterisk (\*) must be entered. \*GA# \_\_\_\_\_

## AGENCY DETAILS

\*Date: \_\_\_\_\_

\*Agency Name: \_\_\_\_\_

\*Authorised Agency User: \_\_\_\_\_

\*Authorised Agency User Id: \_\_\_\_\_

\*DX Box No<sup>i</sup>: \_\_\_\_\_ \*Telephone: \_\_\_\_\_

SEND by DX (if applicable)

COLLECT from Gepps Cross

VIEW at Gepps Cross

VIEW at City

No	CONTROL No GRS, GRG, MRG	ITEM No/DATE	NAME (If applicable)	BOX No
1				
2				
3				
4				
5				
6				
7				
8				

SIGNATURE OF AUTHORISED AGENCY USER: \_\_\_\_\_

**Please fax this form to the State Records Research Centre on (08) 8260 6133.  
If you have any retrieval queries please call (08) 8343 6806 or email  
rsraRetrievalServices@saugov.sa.gov.au**

<sup>i</sup> If your Agency does not have a DX Number, you are responsible for providing a letter of authority to State Records, which includes the person authorised to collect records on behalf of your Agency, e.g., the courier company of your choice.

FOR OFFICE USE ONLY CSO SIGNATURE & DATE: _____
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