

HAWAII STATE ARCHIVES - ORDER FOR SERVICES

NAME(print) _____ AGENCY _____ DATE _____

ADDRESS _____ TELEPHONE _____

DESCRIPTION OF MATERIAL	No. Pages
1	
2	
3	
4	
5	

TYPE OF SERVICES [Check Current Fee Schedule]

_____ DUPLICATION _____ MICROFILM PRINTOUT _____ CERTIFICATION _____ TRANSLATION

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ARCHIVES USE ONLY: TYPE OF SERVICES	QUANTITY	FEES
Duplication (no. of pgs.)		
Printout (no. of pgs.)		
Translation Hours		
Certification		
	Postage	
	Handling	
	TOTAL	

Order rec'd by: _____ Date: _____

Method: Mail Phone FAX On-site

Call when ready: Yes No Called on: _____

P/U method:: Mail FAX *Msngr *Self

* signature required

Payment rec'd by: _____ Date: _____

Payment in: Cash Check Money Order

Receipt No: _____