

PROACTIVE RECORD COPY SOLUTIONS

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Record Request Form

Name on Record: _____

Social Security No. (if available): _____

Date of Birth (if available): _____

Date of Incident: _____

■ **For pertinent case information, please attach a copy of the case caption, including attorney names and addresses.**

■ **DEPONENT(S):**

1. Name and address: _____

Records requested: _____

2. Name and address: _____

Records requested: _____

3. Name and address: _____

Records requested: _____

4. Name and address: _____

Records requested: _____

■ **Need more room?** Simply attach a separate page listing deponent(s).

■ **Not sure of a street address?** Don't worry, we'll be happy to find one for you - free of charge. We'll just need to know the city and state.

■ **Requesting records should always be convenient!** Don't like filling out forms? Feel free to submit your request in letter or memo format – whatever is easiest for you! Just be sure to include the information requested above. **THANKS! We appreciate your business!!**

AUTHORIZATION TO OBTAIN SIGNED RELEASES IF NECESSARY, SIGN AND SERVE SUBPOENA, AND TO NOTIFY ALL INTERESTED COUNSEL AND/OR UNREPRESENTED PARTIES:

Your File No: _____ Claim No (if applicable): _____

Attorney requesting records: _____ Date: _____

Signature: _____ Bar No. _____