

## REQUEST FOR FORMS MANAGEMENT SERVICES

TYPE OF REQUEST <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> REINSTATED <input type="checkbox"/> OBSOLETE <i>(If checked, what form replaces)</i>	THIS FORM SUPERCEDES
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NAME OF REQUESTER	TELEPHONE		
	AREA CODE	NUMBER	EXT.

### OFFICE INFORMATION

NAME <i>(Office, division, or branch)</i>	CORRESPONDENCE SYMB.	ROOM NUMBER
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### FORM INFORMATION

FORM TITLE	FORM NUMBER
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EXPLAIN NEED FOR OR CHANGE TO THIS FORM

PRESCRIBING DIRECTIVE <i>(Order, handbook, or regulation number)</i>	WILL FORM BE EXHIBITED IN DIRECTIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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CLASS OF FORM <input type="checkbox"/> GSA-AGENCY WIDE <input type="checkbox"/> C.O. USE ONLY	FORM FILLED-IN BY <input type="checkbox"/> CENTRAL OFFICE <input type="checkbox"/> REGIONAL OFFICE <input type="checkbox"/> TWO OR MORE SERV./STAFF OFC. <input type="checkbox"/> OTHER <i>(Specify)</i>
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STOCKED BY <input type="checkbox"/> NFPC <input type="checkbox"/> ORIGINATOR <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> FSS <input type="checkbox"/> FOD	EXISTING STOCK DISPOSITION <input type="checkbox"/> USE UNTIL EXHAUSTED <input type="checkbox"/> DISPOSE OF WHEN SUPERCEDING FORM ISSUED <input type="checkbox"/> DISPOSE OF IMMEDIATELY <input type="checkbox"/> OTHER <i>(Specify)</i>
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METHOD OF ENTRY <input type="checkbox"/> HAND <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> OTHER <i>(Specify)</i>	AUTHORIZED FOR OTHER GOVERNMENT USE <input type="checkbox"/> YES <input type="checkbox"/> NO
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IS THIS A REPORTING FORM? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Provide report number and effective date.)</i>	OMB NUMBER EXPIRATION DATE	INTER-AGENCY NUMBER EXPIRATION DATE
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IS THIS FORM PART OF AN AUTOMATED DATA BASE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, INDICATE NAME OF APPLICATION AND SOFTWARE <i>(i.e., C.O. Telephone Directory/Lotus Notes)</i>
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WOULD YOU LIKE THIS FORM IN AN ELECTRONIC FORMS PACKAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SIGNATURE OF APPROVING OFFICIAL <i>(Branch Chief or above)</i>	DATE
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