

LOCAL REPRODUCTION REQUEST

Signature of Battalion Approving Authority _____	_____ (Print Name)
Unit - _____	
Name of Requester - _____	
Phone - _____	Date Required - _____

DOCUMENT DESCRIPTION

Title - _____			
Number of Pages _____	Face Only <input type="checkbox"/>	Head to Head <input type="checkbox"/>	Head to Toe <input type="checkbox"/>

JOB SPECIFICATIONS

Number of Copies Needed - _____	Staples <input type="checkbox"/>	Collated - <input type="checkbox"/>
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Special Instructions - _____ _____ _____
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PROHIBITED ITEMS

- Regulations (except excerpts or drafts)**
- Pamphlets (except excerpts or drafts)**
- Circulars (except excerpts or drafts)**
- Blank Forms**
- Forms not assigned a valid form number**
- Copyrighted material or material otherwise prohibited by law**

Job Completed By - _____	Date - _____
Picked Up By - _____	Date - _____