Document Review Request Form

TO BE COMPLETED BY THE REQUESTING DIVISION

Document Title: _____________________________________________________________

Description of Services:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Division/Department Received Document: __________________ Please Review By: __________________

(Insert Date) (Insert Date)

Requesting Division/Department: ________________________________________________

Contact Information: __________________________________________________________

(Name and Title) ___________________________ Number: (_____) _______________________

(Preferred contact number)

E-mail Address: ________________________________________________________________

For Resolutions only: I certify that this Resolution complies with the May 15, 2014 Resolution Formatting Guidelines. Signature: ______________________________

LEGAL DEPARTMENT USE ONLY

Legal Office Received On: ___________ Received By: ________________________________

(mm/dd/yy) (Name of Legal Staff Member)

Document Picked Up By: __________________________________________________________

(Signature of Designated Person to pick up documents for requesting Division/Department) Date: __________________

Document Released By: __________________________________________________________

(Signature of Designated Person releasing signed documents for requesting Division/Department) Date: __________________

LEGAL REVIEW FINDINGS

Reviewed By: _____________________________________________ APPROVED: _______ (Y/N)

(Signature of Legal Staff and Title)

Additional steps required: ______________________________________________________________

__________________________________________________________________________

Notes: _______________________________________________________________________

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