



# Request for Chapter Records Form

LOW MOUNTAIN CHAPTER  
P.O. Box 4416  
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**Request By:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**TITLE OF RECORD(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PURPOSE OF RECORD(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fee for Duplication is based on the Chapter's current Printing Fees + Navajo Nation Sales Tax (6%).**

<b>For Chapter Use Only</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	_____
Approved By:	Date
Number of Sheets:	_____
Charge Fee:	_____
NN Sales Tax:	_____
Total:	_____
Receipt Number:	_____

[Revised 01/02/2024]