MRRC LIBRARY

INFORMATION REQUEST - EXTERNAL

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FROM:

Requesting CC Contact Officer:	
Correctional Centre:	
Telephone:	
Fax:	

INMATE NAME (Please write clearly):	
MIN / SERIAL NO:	**DATE:**

INMATE ☐	**REGISTERED - OFFENDER NETWORK** ☐
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REQUEST DETAILS (Please write clearly) – 5 citations per week free, $20 per additional citation per week

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(This request is kept for 5 years from the date of being placed.)

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