NYC 9/11 Public Portal Document

03/10/2004

Blowback/Copy Request Form

Vendor Name: Dupe

Deliver completed work to Lucille Spiropoulos (212 788 0975)

Name: **Telephone Number:**

Today's Date: **Due Date:**

Starting Control ID or Box **Ending Control ID or Box**

Form of Blowback/Copy:

☑ Paper ☐ CDs ☐ Other _____

Tapes:

☐ Audio ☐ Video ☐ Other _____

Blowbacks to be Produced with Control ID:

☐ Yes ☑ No

Blowbacks (Final Pages) should be (check all that apply):

☑ Single-sided ☑ B/W ☐ Copy Full Size
☐ Mixed (Like for Like) ☐ 4C ☐ Reduce and Copy
☐ Copy in Pieces

Use Color Dividers/Separators:

☑ At document breaks

Divider Color:

☑ Blue ☐ Yellow ☐ Green ☐ Other

Caption ID Number:

☐ Yes

Paper Copy:

☐ 3 Hole Paper

Blowbacks: Post-its indicate documents/folders for which we need blowbacks. If post-it is on folder, provide blowbacks for entire folder; if post-it is on individual document or a grouping of documents, provide blowbacks for the individual document or grouping.

Assembled with:

☐ Assemble as Original
☐ Stapled at Document Breaks
☐ Paper Clipped at Document Breaks
☐ Rubber Banded at Document Breaks

Authorized by: Peter Loeby
WTC Unit Title: Attorney
Communicated by: _____