

TO: _____ <div style="text-align: center;">Originating Agency</div> _____ <div style="text-align: center;">Address</div> _____ <div style="display: flex; justify-content: space-between;"> City State Zip </div>	FROM: _____ <div style="display: flex; justify-content: space-between;"> Name ODOC # </div> _____ <div style="text-align: center;">Address</div> _____ <div style="display: flex; justify-content: space-between;"> City State Zip </div>
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Record Now Reads	Record Entry Number _____	Date _____
	Charge _____	Date _____
	Disposition _____	Date _____
Record Should Read	Record Entry Number _____	Date _____
	Charge _____	Date _____
	Disposition _____	Date _____

Date