

# U.S. Army Records Management and Declassification Agency

## RMDA Site Visit Request

ACOM/ASCC/DRU (MACOM): ORGANIZATION:	Requested Visit Date(s): Alternate Date(s):
Organization Address:	Type of Visit Requested: (check all that apply) SAV <input type="checkbox"/> Training <input type="checkbox"/> Other <input type="checkbox"/> (specify below)
Estimated Number of Participants:	Records Management roles of participants: (check all that apply) RA <input type="checkbox"/> RM <input type="checkbox"/> RHAM <input type="checkbox"/> RC <input type="checkbox"/> AO <input type="checkbox"/>
Type of Training Requested: (check all that apply). ARIMS <input type="checkbox"/> RM/RC <input type="checkbox"/> Other <input type="checkbox"/> (specify below)	Does your training facility have: (check all that apply) Computers <input type="checkbox"/> Internet Access <input type="checkbox"/> None <input type="checkbox"/>
Which offices have you selected for the SAV?	Is there a Records Holding Area (RHA) at your location? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Organization POC: Name: Phone: Email:	Organization Commander/Director: Name: Phone: Email:
Additional comments related to this request:	
<b>NOTE: All TDY expenses must be arranged and paid for by the requesting organization.</b>	
POCs for this document: Willie Glover Phone: 571-515-0221 Email: <a href="mailto:willie.j.glover4.civ@mail.mil">willie.j.glover4.civ@mail.mil</a>	