

Please submit a signed and fully completed copy of this request via email to team@cunninghamlegal.com. Please note that processing may take up to two weeks, and we cannot guarantee that we will have your file on record if file was created by another firm. After submitting your request, our team will contact you with further instructions.

REQUEST FOR FILE

		om storage all my documents that were prepared by	Law Firm
	ld by CunninghamLegal. orney who prepared my documen	ts was:	
Date: _	Requestor Name	e: Relation to Client c	on File:
		City/State/Zip:	
		Phone #:	
*Client	/Trust/File Name(s):		
	<u>AU</u>	ITHORIZATION FOR RELEASE OR DESTRUCTION OF F	<u>ILE</u>
A fee o due to	of \$175 will be charged at the creat unforeseen circumstances such as	eturn your file. This includes all documents, in physical or coion of duplicate originals of a client's estate plan unless the fire, flood, or other natural disasters. Unless specified beloic copy of this file, if applicable, prior to release/destruc	ne original documents were destroyed low, you also give permission to
	RE IS A PHYSICAL FILE AVAILABLE mentioned* be:	: I, the undersigned, hereby request from CunninghamLe	gal, that any existing original file of the
	held at the closest Cunningham date	Legal office to me so that I, or a person of my choosing, m	nay retrieve it in person on a scheduled
	shipped to the address listed a	above.	
	shipped to <u>a third party</u> :		
	Name:		-
	Address:		
	RE IS A DIGITAL FILE AVAILABLE: I	, the undersigned, hereby request from CunninghamLega	al, that an electronic copy of the file of
	sent to the email address listed above.		
	forwarded to a third party: Name(s):		
Email(s	s):		
OPTIO	NAL:		
	I DO NOT give permission to C	CunninghamLegal to retain an electronic copy of this file a	fter providing to me.
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	Requestor (Print)	Requestor Signature	 Date