LYNDON B. JOHNSON LIBRARY AND MUSEUM

REQUEST FOR REPRODUCTION OF DOCUMENTS

Name _____ DATE _____

Address _____ Reading Room Researcher _____

_____ Mail Researcher _____

Phone ( ) _____

COLLECTION Tapes and Transcripts of Telephone Conversations and Meetings

CONTAINER NUMBER Box 1

Folder Title or File Symbol	Form of Document	Document Identification: Correspondents, Title, Document Number(s), or Page Number(s), whichever appropriate	Date	Number of Pages
"November 1963, Chron File" [2 of 2]		Entire folder		157

TOTAL _____

FEE _____