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Investigative Transmittal Sheet

SUBJECT: **BUSTOS-VIDELA, Charlotte L.**
 TITLE AND GRADE: **GS-**
 TYPE: **Employee**

DATE: **4 Dec. 1967**
 NUMBER: **56810**

The subject case is herewith submitted for limited investigation, as follows:
 If at any time investigation should develop information which would constitute grounds for approval or disapproval, the case should be closed and the reports forwarded to us.

1. Name Checks As Follows: RETURN WHEN COMPLETED.

AGENCY	PRIOR RETURNS
<input checked="" type="checkbox"/> FBI	NIC 27 June 1951
<input type="checkbox"/> ONI	
<input type="checkbox"/> ACBI	
<input type="checkbox"/> STATE (BY)	
<input type="checkbox"/> STATE (PD)	
<input checked="" type="checkbox"/> CSC	

AGENCY	PRIOR RETURNS
<input type="checkbox"/> HCUA	
<input type="checkbox"/> OBI (HDQ)	
<input type="checkbox"/> OBI 4TH DIST.	
<input type="checkbox"/> I & N	
<input type="checkbox"/> CSIF	

RECORDED
CONTROL DESK

THE FOLLOWING AGENCY MAY HAVE REPORTS ON FILE:

2. The Following Additional Government Records Are To Be Checked On The Subject Person:

MILITARY SERVICE

3. The Following Additional Government Records Are To Be Checked On The Person or Persons Indicated:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Field Investigation, As Follows:

AREA	EMPLOYMENT	EDUCATION	BIRTH	DEV INF	N'BOR HOOD	POL	CRED	SPEC COV
Washington, D. C. and vicinity					A	X	X	B

Special Coverage As Follows:

REINVESTIGATION PROGRAM

A. Conduct neighborhood checks at listed residences since 1951

B. Interview Subject's supervisor:

Rm. 3B 0003 - Ext. 6026

The following persons who have applied to or work in this agency may know or be related to subject:

<u>NAME</u>	<u>NUMBER</u>	<u>LOCATION</u>	<u>RELATIONSHIP</u>
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ATTACH: **3 PHS - please return**

[Handwritten Signature]