RECORD BOX PICKUP REQUEST

(PLEASE DO NOT USE THIS FORM FOR RECORD RETRIEVAL)
(For record retrieval, please fax a copy of the record box transmittal to x6137 and complete all information of the Record Retrieval Fax Request box)

Date: _____

PICK-UP FROM:

_____
(Name)

_____
(Department)

_____ _____
(Location - Type or Select from List) **(Extension)**

Fax Request To: x6137 Attn: PROCUREMENT SUPPORT DIVISION

Record Box Number(s)						
						Total # of Boxes

(for Procurement Dept. use only)

COMPLETED BY: _____ **DATE:** _____

Print Form