

Storage Request Form

Name of School / Department / Program: _____

Contact:

Name _____

CB # _____

Phone _____

Fax _____

Storage Needs

Please check the appropriate storage needs:

- Confidential storage of records
- Long term storage of records
- Storing equipment/furniture due to renovations

Space Needs

Estimate the number of boxes or sq ft that is needed

Number of record boxes to be stored

_____ Banker boxes 10"H x 12"W x 24"D

_____ Banker boxes 10"H x 12"W x 15"D

Will you need room for more boxes in the future? _____

Estimate the number of boxes per a year that will be added _____

Equipment and/or Furniture

_____ Square footage needed

Billing Information

Name _____

Department Name _____ Department # _____

CB # _____ Account Number: _____

Phone # _____ Fax # _____

Department Approval

Name _____

Signature _____ Date _____