

Please note: Sections highlighted in blue need to be completed.

SERVICE REQUEST FORM

Standard

Priority

2 hour - retrievals only phone to confirm

Company:

Client Code:

Address:

Phone No:

Fax No:

Department:

Date:

PICK UP

Please PICK UP the following items from our premises

Box #	File #	Tape #	Description	New Lodgement

DELIVER

Please DELIVER the following items to our premises

Box #	File #	Tape #	Description	Requested By

SUPPLY

Archive Boxes
 Plan Boxes
 Barcodes

BINS

Security Destruction Bins

Bins Deliver
 # Bins Collect

SPECIAL INSTRUCTION

AUTHORISATION

Name: _____
(Please print)

Signature: _____

Telephone 03 9575 6622

Facsimile 03 9575 6699

Email customerservice@formfile.com.au