

ASSURED RECORD STORAGE
 REQUEST FOR MATERIALS
 PLEASE FAX TO 407-772-9134
 OR SCAN AND EMAIL TO REQUESTS@ASSUREDRECORD.COM

*In order to facilitate timely and accurate service, please remember to complete this form in its entirety. Thank You!

Client Name: _____ Address: _____

Today's Date: _____ Person Requesting Records: _____

When are materials needed? _____ Please note that requests received by 3:00 p.m. will normally be delivered the next day between 9:a.m. and 5:30p.m. Orders after 3:00 p.m. may be delivered the next day as well but, they will be charged the same day delivery fee.

Requests are normally completed the next business day. Those marked as: "Same Day", "Rush" or "Emergency", etc will be handled and charged accordingly.

Client Phone Number: _____ Fax Number: _____

Please check box that best describes work requested: (remember that in order to add new boxes or file you must complete a Transmittal Form)

Retrieve Box	Retrieve File	Refile Box	Refile File
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of Box or File

TR Container Number	TR File Number	(Name or Number)
C0000	F0000	

Special Instructions? - (which location)

Please indicate whether these materials are for:

Customer Pickup _____ or Assured Delivery _____ Pick Up _____ or Fax _____

