UNDERGROUND ARCHIVES®

# Request Form

Customer Name _____

Authorized User _____

Dept. _____

Date _____

Time Ordered: _____ AM ◯ PM ◯

Telephone # _____

Fax # _____

Service Type: File Request ◯ Box Request ◯ File/Box Pickup ◯

Delivery Type: Fax ◯ UPS ◯ Onsite Pickup/Delivery ◯

Urgency: Next Day ◯ Rush ◯

| Bar-Code No. | Box Description | File Description | Requested By/For |
|---|---|---|---|
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| | | | |

Box Pick Up(QTY) S: _____ M: _____ L: _____ File Pick Up(QTY) _____

1.2 cuft 2.4 cuft 3.6 cuft

Order New Boxes(QTY) _____ Request Bar-Codes & Transmittal Sheets(QTY) _____

## *Please Fax Completed Form to Underground Archives:*

***phone (724) 526-0555***
***fax - (724) 526-5933***
***email - service@uarchives.com***

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*AUTHORIZED USER SIGNATURE*