

## 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 \_\_\_\_\_