

# Request for Services Form

Phone: 304-255-9060

Fax: 304-255-4156

## Alpha Records Management Inc. Document Management Center

Account:	Cost Center:	Bill To:	Date:
Address:		Floor/Suite:	Rush: Yes No
Authorized By:	Contact:	Phone #:	Office Use

**Retrievals:** Number of Boxes: \_\_\_\_\_ Number of Files: \_\_\_\_\_

Delivery requirements: Delivery  In-house Viewing  Mail  Fax  Other  :

Box Number	File Number	File Description

**Refiles:** Number of Refile Boxes: \_\_\_\_\_ Refile Files: \_\_\_\_\_ Interfiles: \_\_\_\_\_

Box Number	File Number	File Description (Interfiles)

**Pick Up:** Number of New Boxes: \_\_\_\_\_ Number of Destroy Boxes: \_\_\_\_\_ Other: \_\_\_\_\_

**Order Supplies:**

	QUANTITY	QUANTITY
Boxes:	_____	_____
Labels:	_____	_____
Forms:	_____	_____

**Other Requests:**