



RECORDS RELOCATION REQUEST FORM

DATE OF REQUEST

 / /

NAME

PHONE NUMBER \ EXT.

DEPARTMENT & OFFICE ADDRESS

CURRENT LOCATION OF BOXES
(STORAGE ROOM, OFFICE, ETC.)

RE-LOCATION OF BOXES
(RECORDS CENTER, BASEMENT, ETC.)

NUMBER OF BOXES

SHELVING OR SHREDDING?

Please be advised that submission of this form does not imply that your request will be fulfilled on the same day. The Public Works Buildings and Grounds department is eager to assist and will respond to your request as soon as possible. They will contact you to schedule a mutually convenient day/time to fulfill your request. Your patience and understanding is greatly appreciated.

IMPORTANT NOTE:

You are requesting boxes be moved to the Records Storage Center to be placed on assigned shelves, you **MUST** be present to direct and instruct Buildings and Grounds to ensure proper placement of your records. It is not the responsibility of the Public Works Buildings and Grounds Department to ensure that your boxes are placed appropriately.