R4 SERVICES, INC.
RECORDS MANAGEMENT COMPANY

RECORDS REQUEST FORM

1301 W. 35th Street • Chicago, Illinois 60609 • Email: orders@R4services.com • 312/922-4000 • Fax: 312/922-4020 • www.R4services.com

R4 Client Name: _____

R4 Account Number: _____ *R4 Department:* _____

Date Ordered: _____	*Time Ordered:* _____ ❑ am ❑ pm	*Authorized Requestor:* _____ *Phone #:* _____

❑ *REGULAR DELIVERY*

❑ *RUSH DELIVERY* *Time Due:* _____

❑ *ON-SITE REVIEW* ❑ *PICK-UP* ❑ *DESTRUCTION*
❑ *BOX SALES* ❑ *LABELS*

DELIVERY ADDRESS: _____

_____

ATTN: _____ PHONE#: _____

SUITE/FLOOR/CUBICAL: _____

SPECIAL INSTRUCTIONS: _____

(Please check one)

BOX	FILE	Box Barcode	DESCRIPTION (For files only)

BOX SALES	*Standard Box (10x12x15)* Qty: _____	*Standard Box Lids* Qty: _____	*Legal Box (12x15x24)* Qty: _____	*Specialty Box* Qty: _____
LABELS	*Box* Qty: _____	*File* Qty: _____		
PICK-UP	*New Boxes* Qty: _____	*Returning Boxes* Qty: _____	*Returning Files* Qty: _____ - In _____ # of Boxes	*Destruction Bins* Qty: _____

Please fax storage forms with your request.

*Signature:*_____ Phone #:_____ Date:_____ Page #:_____