

MABEY'S RECORD STORAGE DIVISION

Phone (518)371-0500 Fax (518)383-6707

FILE REQUEST FORM

Customer # _____ **Customer Name:** _____

Date: _____ **Time:** _____ **Authorized Rep:** _____

Service Type (check one): **Pick Up/Drop Off At Mabey's** _____ **Courier Service** _____

(Mabey's office use only)

Container #: _____ **Location:** _____ **File Name/#:** _____ **Box Size:**

Container #: _____ **Location:** _____ **File Name/#:** _____ **Box Size:**

Container #: _____ **Location:** _____ **File Name/#:** _____ **Box Size:**

Container #: _____ **Location:** _____ **File Name/#:** _____ **Box Size:**

Container #: _____ **Location:** _____ **File Name/#:** _____ **Box Size:**

Container #: _____ **Location:** _____ **File Name/#:** _____ **Box Size:**

RETURNS (Mabey's office use only)

Container #: _____ **Location:** _____ **File Name/#:** _____ **Box Size:**

Container #: _____ **Location:** _____ **File Name/#:** _____ **Box Size:**

Container #: _____ **Location:** _____ **File Name/#:** _____ **Box Size:**

Container #: _____ **Location:** _____ **File Name/#:** _____ **Box Size:**

Customer: _____ **Date:** _____ **Time:** _____

Mabey's Rep: _____ **Date:** _____ **Time:** _____

Additional Requests:

