



BRM's University of Pittsburgh

BOX RETRIEVAL AND BOX RETURN REQUEST FORM

DEPARTMENT INFORMATION

Date: _____ Requestor Name: _____ Account Number: _____

Phone Number: _____ Fax Number: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

A.	Boxes Requested for RETRIEVAL from BRM
# of Items	List BARCODE Number
1	
2	
3	
4	
5	
6	
7	
8	

B.	Boxes Requested for PICK-UP from your office
# of Items	List BARCODE Number
1	
2	
3	
4	
5	
6	
7	
8	

Total # of Items to be delivered to your office _____

Total # of Items to be picked-up from your office _____

Total Quantity of Boxes on this page _____

Signature _____ Passcode _____

Page _____ of _____

FAX this form to BRM 412-321-0305 or email it to custsvc@businessrecords.com. Please be certain to retain a copy of this form for your records.

Please choose service level (check one):

- Requests received by 10:00 am today will be serviced the same business day by 5:00 pm
- Requests received by 3:00 pm today will be serviced the next business day by noon
- Requests received after 3:00 pm today will be serviced the second business day by noon
- Rush/Priority Delivery (verbal confirmation also required, call BRM's Customer Service at 412-321-0505)