



RECORDS STORAGE FORM – REVISED Transmittal Sheets Only

DEPARTMENT INFORMATION

Request Date: _____ Requestor Name: _____ Account/Department #: _____

Phone Number: _____ Fax Number: _____

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

Choose ONE Option		Barcode/Box # <i>(Required Field)</i>	Destruction Date <i>(Required field)</i>	Sequence Begin	Sequence End	From Date (MM/DD/YYYY)	To Date (MM/DD/YYYY)	Description of Contents (65 character limit for paper transmittal) (250 character limit for electronic transmittal) <i>(Required field)</i>
Append	Replace							

Total Cartons This Page _____

Comments (if applicable): _____

Signature _____ Passcode _____

Page _____ of _____

*This form is to be used to modify existing box data for items **already** in storage at BRM. You may add new details about your items OR alter information already collected about your office's containers. If you need to submit NEW containers to storage, you must use the "New Box Submission" transmittal form.*

FAX this form to BRM 412-321-5152 or email it to senddata@businessrecords.com. Please be certain to retain a copy of this form for your records.