



Work Order Request Form

Company Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Requestor: _____ Password: _____

Authorized By: _____ Signature: _____

Type of Work Order Requested:

- Pick Up Delivery Access Supplies
 Destruction Perm Out Other

Note: Please Order Priority and Emergency Service by Telephone (888) 400-1615 For Immediate Confirmation

Priority Type:

- Next Day Same Day Rush Priority Emergency

Box/Carton Barcode

File/Tape Barcode

Description/Name (leave blank if requesting whole box)

Box/Carton Barcode	File/Tape Barcode	Description/Name (leave blank if requesting whole box)

Summary

Files Requested	Files for Pick-Up	New Boxes	Boxes Requested	Boxes for Pick-Up

Additional Services

Special Instructions:

For Guardian Records Management Confirmation

Service Order #	Received By	Date	Time