



DOCUMENT STORAGE & SHREDDING, LLC.



Secured Storage 24/7

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REQUEST FOR CONTAINER RETURN TO STORAGE

Date:			for office use only
Company Name:			Entered: _____
Department Name:		Dr. Name:	Follow-up: _____
Requested By:			By: _____
Pick-up Address:		P/U @ customer's facility	#: _____
Suite / Room #:		Customer delivers to w/h dock	
Email:			
Phone:		Fax:	RUSH (Add'l Charges Apply)
Requested Delivery /Pick-up Date (s):		Hours Available:	Lunch Hr:

Containers Barcode Number	Containers Barcode Number	Containers Barcode Number

Specific requirements:

X Released by _____	X Pick-up / Received by _____
Date	Date