

# Box Withdrawal Form

**Date:**

Page

	of
--	----

**Agency Name**

**Agency DFA Code:**

**Address:**

**City, State Zip:**

**Phone Number:**

**Fax Number:**

- Instructions:**
1. Complete all fields.
  2. Print on agency letterhead
  3. Sign and fax a copy to the Records Center.
  4. When you pick-up the records you must provide the original request to the Record Center staff.

	Box Number		Shipment Box Number		Box Number		Shipment Box Number
1			of		16		of
2			of		17		of
3			of		18		of
4			of		19		of
5			of		20		of
6			of		21		of
7			of		22		of
8			of		23		of
9			of		24		of
10			of		25		of
11			of		26		of
12			of		27		of
13			of		28		of
14			of		29		of
15			of		30		of

**RLO Printed Name:**

**RLO Signature:** \_\_\_\_\_