

Box Withdrawal Form

Date:

Page

	of
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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: _____