



### SERVICE REQUEST

-Please fax this completed form or phone your order with the following information-

**Account Name :** \_\_\_\_\_ **Account Code :** \_\_\_\_\_

**Requestor :** \_\_\_\_\_ **Lvl 2 Account Code :** \_\_\_\_\_

**Phone Number :** \_\_\_\_\_ **Date Received :** \_\_\_\_\_

**Time Required :** \_\_\_\_\_ **Time Received :** \_\_\_\_\_

Containers/Files Requested: Please provide as many fields as possible.

	<b>Barcode</b> (if known)	<b>Alt. Code</b> (your box/file #)	<b>Description</b> (contents of box/name on file)	<b>Date Range</b> (or Last Seen Date)	<b>Service Required *</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

\* **D**=DocuTeam Delivers **P**=DocuTeam Picks Up **A**=Access @ DocuTeam

Please note that all requests for pick-up, delivery or access must be received by:

**3pm for next day service**

The DocuTeam's business hours are: 8:00am – 5:00pm Monday through Friday

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