

SENTRY

DATA MANAGEMENT LLC REQUEST FOR SERVICE

Account Name: _____

Date: _____

Address: _____

Requested by: _____

Phone: _____

Please have the following items pulled and:

___ available for pick-up ___ available for research at Sentry Data Mgt location ___ delivered to my facility

NEED BY: _____ DATE _____ TIME

Please list all item(s) by Box # and all file(s) by name and/or number:

Date Item(s) Delivered: _____ **Received by:** _____

Please call and schedule a pick-up time for the following:

_____ (ea.) New box(s) to be added to storage

_____ (ea.) Return box(s) to storage

_____ (ea.) Individual file(s) to storage

Date Item(s) Picked-up: _____ **Received by:** _____

Please deliver the following supplies:

_____ (ea.) Standard Records Storage Boxes

_____ (ea.) X-ray Storage Boxes

Date Item(s) Delivered: _____ **Received by:** _____

Please FAX to: (912) 807-9942

EMERGENCY SERVICES Please call: (912) 807-9904 (Monday thru Friday, 9am to 5pm)

(912) 288-2063 (after hours and holidays)

Your records are available 24 hours a day, 7 days a week by contacting our office.