SERVICE REQUEST

140 Broderick Road, Corio

ADVANCE RECORD MANAGEMENT

SERVICE No.: ……..

CLIENT:……

CUSTOMER # …….

CONTACT NAME :……..……

(PLEASE PRINT)

DATE:…..…..……..….. TIME:……..……...…

CONTACT PH #:…….……

DELIVERY ADDRESS: ……...……..……...…

……..……..

RETURN INFORMATION

 # OF BOXES READY FOR COLLECTION?

Please Circle

New Lodgements / Returns

RETRIEVAL INFORMATION

Box No.	File No.	Whole Box or File Details (Name / # etc.)

ITEMS REQUIRED	QTY
SUPPLY NEW BOXES (BUNDLES 25)	
SUPPLY A.R.F PAD'S	
SECURE DESTRUCTION	**QTY**
SHREDDING BINS TO BE COLLECTED?	
SHREDDING BINS TO BE DELIVERED?	

SERVICE INSTRUCTIONS

Please tick

URGENT ☐

STANDARD ☐

A.R.M USE ONLY:

RECEIVED BY: …

FAX TO: 03 5274 2011