Retrievex
Your Records Within Reach

Pickup and Delivery Sites Form

Retrievex Form ID: **RetxPUD01**   REVISED 12/6/2010

Use this form to provide site information to Retrievex.
For more information or assistance, call 1 877 FileLine or refer to the *Retrievex Guidebook Section 2*.

Please photocopy and maintain the copy for your future reference, if needed.

To provide information on more than two sites, simply use additional forms.

RETRIEVEX CUSTOMER ID *

CUSTOMER NAME *

THIS FORM HAS BEEN COMPLETED BY *   (PLEASE PRINT BOTH FIRST AND LAST NAME)

EMAIL

TELEPHONE NUMBER *

EXTENSION

FAX NUMBER

DATE FORM WAS PREPARED (MM/DD/YYYY) *

1

CUSTOMER SITE NAME OR IDENTIFIER *

FILELINE SITE IDENTIFIER (Assigned by Retrievex)

This SITE has the following characteristics associated with it: □ LOADING DOCK   □ ELEVATOR   □ STAIRS
□ MUST USE DELIVERY ENTRANCE   □ USE MAIN ENTRANCE   □ SECURITY CHECK-IN REQUIRED

PLEASE PROVIDE FURTHER EXPLANATION

SITE CONTACT PERSON

EMAIL

TELEPHONE NUMBER *

EXTENSION

FAX NUMBER

ADDRESS 1

ADDRESS 2

CITY, STATE, ZIP

SITE-SPECIFIC INSTRUCTIONS (Day and/or time restrictions; hours of availability…)

DEPARTMENT NAME (If this site relates to a specific Department please indicate, otherwise leave blank)

2

CUSTOMER SITE NAME OR IDENTIFIER *

FILELINE SITE IDENTIFIER (Assigned by Retrievex)

This LOCATION has the following characteristics associated with it: □ LOADING DOCK   □ ELEVATOR   □ STAIRS
□ MUST USE DELIVERY ENTRANCE   □ USE MAIN ENTRANCE   □ SECURITY CHECK-IN REQUIRED

PLEASE PROVIDE FURTHER EXPLANATION

SITE CONTACT PERSON

EMAIL

TELEPHONE NUMBER *

EXTENSION

FAX NUMBER

ADDRESS 1

ADDRESS 2

CITY, STATE, ZIP

SITE-SPECIFIC INSTRUCTIONS (Day and/or time restrictions; hours of availability…)

DEPARTMENT NAME (If this site relates to a specific Department please indicate, otherwise leave blank)

* Indicates a REQUIRED FIELD

FOR RETRIEVEX USE

□ Keyed by _____   _____ / _____   1 ROUTE: _____ □ AT   2 ROUTE: _____ □ AT

PAGE _____ OF _____