DOCU-STORE

Records Management | Document Destruction

Fax: 07-5431553
Email: info@docustore.co.nz
Ph: 07-5431552

From: _____

Of (Company): _____

Fax No: _____ **Phone No:** _____

Date: _____ **Time:** _____

PLEASE DELIVER THE FOLLOWING TO OUR OFFICE: ☐

PLEASE CALL TO RETURN THE FOLLOWING TO DOCU-STORE: ☐

(Please tick one)

Carton Numbers:

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Files:	**Held in Carton No:**
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.....	.....

PLEASE SUPPLY:

New Cartons and Labels: _____ Carton Contents Record Sheets: _____ Filing Cards: _____

Message:

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OFFICE USE ONLY

Job Actioned: Date..... Time..... **Client Number** ☐

☐ Cartons ☐ Files

Authorised Signatories:

(Company): ..... (Docu-Store): .....