RECORD STORAGE FORM

DEPARTMENT: _____

CONTACT PERSON: _____

CONTENTS OF BOX: _____

_____
_____
_____
_____
_____
_____
_____

DATE OF DISPOSITION: _____

1 Copy-Both Ends of Storage Box   1 Copy-Your File   1 Copy-Nancy Melilli (RMO)

RECORD STORAGE FORM

DEPARTMENT: _____

CONTACT PERSON: _____

CONTENTS OF BOX: _____

_____
_____
_____
_____
_____
_____
_____

DATE OF DISPOSITION: _____

1 Copy-Both Ends of Storage Box   1 Copy-Your File   1 Copy-Nancy Melilli (RMO)