

## STORAGE REQUEST FORM

Time & Date of Request: \_\_\_\_\_

Company/Location: \_\_\_\_\_

Contact Person & Phone #: \_\_\_\_\_

Date to Be Accessed: \_\_\_\_\_

Ithaca Storage Solutions to deliver boxes to you

Ithaca Storage Solutions to pick up boxes from you

You to pick up boxes and take from warehouse

Ithaca Storage Solutions to pull boxes for you to access @ warehouse

Box #	Box #	Box #	Box #	Box #

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_