



Date: _____

DPD Box Request Form

Directions: Please fill out all required information and submit to your division's coordinator so that he/she can input submitted information in the online R4 System.

Please Check one of the boxes below

- New Storage
- Refile
- Retrieval
- Returning From Iron Mountain Box #: _____

Required information

***R4 Barcode #:** _____

Department ID: _____

Item #: _____

Major Description: _____

*Destruction Eligibility: _____ *Record Code: _____

Date Range From: _____ Date Range To: _____

Optional information

Minor Description: _____

Alpha Range From: _____ Alpha Range To: _____

Customer Box Number: _____

*Destruction Eligibility- number of years the retention records/schedule states to retain documents.

*** User Box Request form for more than 3 boxes.**

***Recode Code- only to be used if retention period is pending change or there is not an item number found for your documents.**

DPD BOX REQUEST FORM

Customer ID: 00965

Department ID: _____

Today's Date _____

Contact Person: _____

Phone #: _____

Division Name: _____

LIST BAR CODE BOX NUMBER

NEW STORAGE

RETRIEVAL

REFILE

1. _____

16. _____

2. _____

17. _____

3. _____

18. _____

4. _____

19. _____

5. _____

20. _____

6. _____

21. _____

7. _____

22. _____

8. _____

23. _____

9. _____

24. _____

10. _____

25. _____

11. _____

26. _____

12. _____

27. _____

13. _____

28. _____

14. _____

29. _____

15. _____

30. _____