

FAX RETRIEVAL REQUEST FORM



970 W. River St., Boise, ID 83702

PHONE: (208) 344-9200 FAX: (208) 344-9260

Email Address: manager@idahorecords.com

The information contained in this facsimile message is strictly confidential, and is intended only for the use of IRM. Privilege of confidentiality is not waived by virtue of this having been sent by fax. If the person actually receiving this document or any other reader of this document is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the facsimile to the address above via the U.S Postal Service. Thank You!

*ACCOUNT NAME: _____ ACCOUNT # _____
 *SENT BY: _____ * PHONE: _____ EXT. _____ FAX _____
 DEPT. # _____ *DATE: _____

| CUSTOMER'S BOX NUMBER | FILE DESCRIPTION (NOT REQUIRED WHEN ORDERING A BOX) | DELIVERY, PICKUP OR FAX? | REQUESTOR |
|-----------------------|--|--------------------------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

COMMENTS:

If delivery, are there any boxes/files to be returned with driver? #Boxes _____ #Files _____

Do you need any new boxes? #New Boxes _____

***REQUIRED. If information marked with * is not filled in, we cannot process the request.**