



# New Storage Request Form

Your Name: \_\_\_\_\_ Your Company: \_\_\_\_\_

If new client: Mailing Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Case/Insured Name: \_\_\_\_\_

Claim/File No.: \_\_\_\_\_

Present Location of Evidence: \_\_\_\_\_

Date/Time You Need Evidence Secured: \_\_\_\_\_

Can the Total Amount of Evidence Fit into a: *Car Trunk* *Pick-Up Truck Bed*  
*Pick-Up Truck with Trailer* *16' Box Truck*

Are any Items Heavier than 50 Pounds: *No* *Yes*

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are any Items Considered Hazardous Material: *No* *Yes*

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Will the Evidence need Boxes, Bins and/or Pallets for Storage: *No* *Yes*

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Specific Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Fax To Us At 781-297-7050