



Storage Barcode Labels Request Form

Please fill out all necessary information below and email to

RecordsManagement@spartanburgcounty.org

Date: _____

Name: _____
Person Requesting

Department: _____

Number of Barcodes: _____

**** No Charge for Box Barcodes****

Records Management Staff Use Only

Date Received: _____
Date Request Form was Received

Beginning Barcode: _____

Ending Barcode: _____

Date Sent: _____
Records Management Sent to the Department