



Records Request

Send Completed Form by Email/Fax

Email: Recordsmanagement@spartanburgcounty.org

Fax #: (864) 596-2477

Phone #: (864) 596-2507

Department Name: _____

Date: _____

Department Code: _____

Telephone / EXT: _____

Series Code: _____

Requested By: _____

- Requesting File Folders
- Requesting Containers

- Containers to be Returned to Inventory
- Files to be Returned to Inventory
- Interfiles to be filed in File Folders
- Folders to be added to existing Containers

Service Requested:

- Next Day:** Delivery/Pickup (REQUESTED AFTER 11:00 AM)
- Same Day:** Delivery/Pickup by end of business day (REQUESTED BEFORE 11:00 AM)
- Rush Delivery:** Mandatory within 3 hours (TO BE PICKED UP BY REQUESTOR)

Container/File Barcode #	Container/File Description	Additional Comments
1		
2		
3		
4		
5		
6		
4		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Records Management
Team Member: _____

Date
Ordered: _____