



Storage Container Request Form

Please fill out all necessary information below and email to

RecordsManagement@spartanburgcounty.org

Date: _____

Name: _____
Person Requesting

Department: _____

Account Number to be Charged:

_____ -09- _____ - _____

_____ -09- _____ - _____

Number of Boxes: _____ *or*

Case(s) _____

Records Management Staff Use Only

Date Received: _____

Signature: _____

Staff Member Fulfilling Storage Container Request Only

*** Each case contains 25 storage containers including lids***

Price \$2.25 = 1 Storage Container (Including Lid)

*** 56.25 Per Case of 25 Storage Containers (Including Lids)***