

SPECIAL REQUEST FOR WAREHOUSE SERVICES

Please click in each blue box below and complete requested information.

DATE: SCHOOL SITE/DEPT.:

REQUESTOR NAME:

CONTACT PHONE NO.:

It is requested that Warehouse personnel provide for our site, the below noted request. I understand that a standard 5 days notice after receipt at the Warehouse is necessary. Requests will be handled on a first come, first serve basis. Emergencies will be handled on an individual basis.

Date Service is Needed: Special Time:

Describe the Request (Example: Pick up, Move to another location, etc. Please be specific.):

E-MAIL COMPLETED FORM DIRECTLY TO DISTRICT WAREHOUSE: keith.simon@smusd.org

FOR WAREHOUSE USE ONLY

Completed: _____		
Date		Approx. Time
Completed by: _____		