

CPSB Record Retention Form

Department:	
	Contact Name:
	Phone:
	Storage Date:
Form Name:	
	Date: from _____ to _____
	Description:
Destruction Date:	<input type="radio"/> 3 year <input type="radio"/> 7 year <input type="radio"/> Do Not Destroy
	FOR WAREHOUSE USE ONLY

Please duplicate and use this form for any boxes your department needs to have picked up and stored in the Central Warehouse. The form should be filled in completely, and placed on outside the box on the end. Please call warehouse staff at ext. 35523 to arrange for pickups.