

## Record Storage Racking

### Application Survey

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTE:**

Every Record Storage application is different! The questions below are critical to providing you with the best product and layout.

Please answer ALL questions and include a drawing of your area if possible. Don't hesitate to call us if you have questions on any particular aspect.

**What size boxes are you using? How many boxes will you be storing?**

**Box 1:** Width (Face): \_\_\_\_\_ x Length (Deep): \_\_\_\_\_ x Height: \_\_\_\_\_ **QTY:** \_\_\_\_\_

**Box 2:** Width (Face): \_\_\_\_\_ x Length (Deep): \_\_\_\_\_ x Height: \_\_\_\_\_ **QTY:** \_\_\_\_\_

**What type of storage:**  Rapid Access  Frequent  Occasional  Dead Storage

**Can you double stack boxes on each shelf? Y / N Double deep? Y / N**

**Can you use a rolling ladder to access upper levels? Y / N**

**Do you need a 2-tier (mezzanine) shelving system? Y / N**

**How many boxes do you add to storage each year? Box 1: \_\_\_\_\_ Box 2: \_\_\_\_\_**

**What is the size of your proposed storage area?: \_\_\_\_\_ x \_\_\_\_\_**

**What is the ceiling height: \_\_\_\_\_ Is the area sprinklered?: Y / N**

**Are there obstructions in the storage area?: Doors, Windows, Electrical, etc.**

**A drawing may be required to determine the best layout for your area.**

Fax completed form to us and we will provide a proposal for you