FORM 02Z-230

Please issue in triplicate
Send 2 copies to DATA STORAGE CENTER
Keep Pink Copy for your receipt

PLEASE PRINT CLEARLY

INVENTORY SHEET

ROCHESTER
DATA STORAGE CENTER

DSC
DATA STORAGE CENTER

☐ New Material
☐ Interfiles
☐ Refiles

CUSTOMER NAME	ACCT. NUMBER	DEPARTMENT	PREPARED BY:	DATE PREPARED	PAGE NO.

Inv. ✓	Customer Carton No.	DSC USE ONLY Location Number	Title of Records	Date Starting Mo.	Date Starting Day	Date Starting Yr.	Date Ending Mo.	Date Ending Day	Date Ending Yr.	Filing Spans · Alphabetical Spans Any description for clear verifications	Destroy Date Mo.	Destroy Date Yr.

Driver's Signature _____ Date _____ Customer's Signature _____ Date _____