

**New Storage Service Request Form**

**Account Information**

|  |  |
| --- | --- |
| Iron Mountain Customer ID# | UMICH |
| Department ID# (UMICH shortcode) |  |
| Department Name (UMICH shortcode, dept name) |  |
| Service Address |  |
| Primary Contact Information |  |
| Are supplies needed (boxes, transmittals – see below) |  |
| Should the files be individually listed |  |
| Types of records (patient files, pathology, x-rays, etc.) |  |
| Will boxes be ready for pick-up or will IM prep |  |
| Requested box pick-up date |  |
| Notes |  |

**Authorized Users for Call-In Orders**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone #** | **E-mail address** |
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* ***Please forward your completed form to*** ***askcustomerservice@ironmountain.com*** ***and copy*** ***tamany.swackhamer@ironmountain.com***
* ***If you have any questions please email Tamany at Iron Mountain –*** ***tamany.swackhamer@ironmountain.com***
* ***If you would like access to place orders via IMConnect, please complete the attached IMConnect Setup form***

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