Cornerstone
RECORDS MANAGEMENT

CONTAINER INFORMATION TRANSMITTAL

W.O. NUMBER

ACCOUNT NUMBER			

PAGE	DEPARTMENT

CLIENT _____ DATE ___ / ___ / ___

(800) 435-3090 CONTACT _____ PHONE _____

CONTAINER CODE	ALTERNATE ID	DATE (FROM)	DATE (TO)	DESTROY (MONTH/DAY/YEAR)	DESCRIPTION