



UNDERGROUND VAULTS & STORAGE - Louisville

1841 Taylor Avenue, Suite #107
Louisville, KY 40213

RECORD TRANSMITTAL

Company: _____

Dept. _____

Attn: _____

Address: _____

City, ST Zip: _____

The following records have been shipped via:

Shipment No. _____ Date _____

NEW

RETURN

PLEASE CHECK APPROPRIATE BOX. Separate forms must be used for new and return material.

Record # or Box # (Alternate ID)	Barcode # (Container or File)	Description of Contents or File Name (Also include box # OR container barcode # for files)

Above records received on _____

Received by _____



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