



Current Customer Additional Documents Form

Customer (Names and Address):

_____ (Name)
_____ (Current Address)
_____ (Phone Number)
_____ (Alternate Phone Number)
_____ (Date of Birth)
_____ (Email)
_____ (Alternate Email)

Items to be stored	Number of Pages	I would like the checked items to be scanned and uploaded so they may be viewed on the Document Viewing Service (Yes or No)

You do not need to send any payment now. Upon receipt we will inventory your documents and notify you if there is an additional charge.