



**Delmarva Archive**  
**Record Storage and Management**  
 901 West Isabella Street  
 Salisbury, Maryland 21801

Office: 410-219-114  
 Fax: 410-219-1152

## Refile/Interfile Form

**\*\*\*PLEASE PRINT CLEARLY\*\*\***

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

**\*Please List All Boxes And Files That Are Bing Returned Or Refilled To Delmarva Archive. New Inputs Should Not Be Placed On This Form. Your Assistance Is Appreciated.\***

	File ID	BOX #	Box Description	CK
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

**Summery:**

**# of Files Returning \_\_\_\_\_ # of Boxes Returning \_\_\_\_\_**

\_\_\_\_\_  
 Authorized Representative Signature Date