

PAPER RECORD SET HANDLING**FOR DSA USE ONLY**

File No.: _____

Application No.: _____ - _____

Project Name: _____

Please return the original plans and specifications as instructed below (client must check appropriate box below):

DSA Stamped Plans and Specifications	
Check all that apply: <input type="checkbox"/> Plans <input type="checkbox"/> Specs	
Total number of drawings: _____	
Stamped date: _____	
Submittal: _____	
_____	Increment Description (e.g. CCD#, Add#)
Call for pickup _____	

 I will have my representative pick up the original documents.

Call me _____ at _____ for pickup.

 Please package and ship original documents via the delivery service indicated: _____My account number: _____ Method of Delivery: _____
(e.g., ground, next day, etc.)Insurance Requested: Yes No Declared Value: _____
(Enter -0- if no insurance is requested)

I understand the risk inherent in shipping documents using the delivery method indicated above and agree to hold the State harmless for any loss or damage to the original plans and specifications that may be incurred. I agree to pay the shipping cost.

Signature: _____ Date: _____

Name: _____ (PRINT) Email: _____

Pickup Verification:

I picked up the original documents for the referenced project:

Name: _____ Title: _____

Company: _____ Date: _____

Signature: _____

Ship to: Attention: _____

Company: _____ Street: _____

City: _____ State: _____ Zip Code: _____ Phone: _____