

PAPER RECORD SET HANDLING

PROJECT INFORMATION:	
Project Name/School:	DSA File #: -
School District/Owner:	DSA App. #: -

FOR DSA USE ONLY		
DSA STAMPED PLANS & SPECIFICATIONS: <i>Check all that apply.</i>	<input type="checkbox"/> Plans	<input type="checkbox"/> Specs
Stamp Date:		
SUBMITTAL	Called for Pick Up:	
Record Set:	Courier Service:	
Increment:	Date of Pick Up:	
Description: (CCD#, Add#):	Tracking #:	

Please arrange for the original plans and specifications to be returned as instructed below.
(Client must choose one of the two return options below.)

A. PICK UP INFORMATION: <i>Check box below to arrange for pick up.</i>	
<input type="checkbox"/>	I will have my representative pick up the original documents.
Representatives Name:	Reps. Phone #:
PICK UP VERIFICATION: <i>To be signed during pickup.</i>	
Representatives Signature:	Title:
Company:	Date:

B. SHIPPING TO INFORMATION:			
Company Name:	Attn:		
Address:			
City:	State: Zip:		
COURIER INFORMATION:			
<input type="checkbox"/> Ship via:	Courier Account #:		
<input type="checkbox"/> Next Day	<input type="checkbox"/> 2 Day	<input type="checkbox"/> Ground	<input type="checkbox"/> Other:
<input type="checkbox"/> Yes, please insure my return shipment.	Declared value is: \$		
<input type="checkbox"/> No, I do not want my return shipment insured.			

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 full cost of shipping.

Signature: _____ Date: _____

Print Full Name: _____ Email: _____