

REQUEST FOR EXTENDED USE OF LONG-TERM STORAGE  
IN THE ERSKINE WAREHOUSE

Requester: Name: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Original Storage Date: \_\_\_\_\_

Justification for continued use of long-term storage facility:

ACCOUNT TO BE CHARGED:

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Manager: \_\_\_\_\_

(Signature of manager or person with signature authority)

Action by Facility Allocation Council:

\_\_\_\_\_ Approved for continued use of long-term storage through \_\_\_\_\_

\_\_\_\_\_ Continued use denied

\_\_\_\_\_ Other