

“DOCUMENT REMOVAL FORM”

CLIENT NAME: _____

FILE NUMBER: _____ DATE OF FILE/DOCUMENT REMOVAL: _____

DOCUMENTS REMOVED: [NOTE THAT ENTIRE FILE WAS REMOVED OR LIST DOCUMENTS TRANSFERRED]

REMOVED BY: _____ REMOVAL APPROVED BY: _____

LOCATION OF MATERIALS REMOVED: _____

DATE RETURNED TO CLIENT FILE: _____ RETURNED
BY: _____

NOTES/COMMENTS: _____

