



LICENSEE REQUESTING TO STORE RECORDS OFF SITE

Location Name:	License No:
Street Address:	Name of Responsible Person (RP):
City:	RP License No:
Zip Code:	RP Contact Phone:
RP E-Mail Address	

Please be advised that the RP on the license is responsible for maintaining all records regardless of where they are stored.

What is the name and address of the off-site storage facility where the licensee intends to store records of accountability?

Name of off-site storage facility:	
Street Address:	
City:	Zip Code:

Provide a detailed description of the request here (or attach a separate sheet of paper to this request):

