

# Request for Service Form – Property Storage

Rocky Mountain Regional CASU (RMRC)  
Box 25305, Bldg. 41, RM 137, Denver Federal Center  
Denver, CO 80225  
(303) 236-8105 FAX (303) 236-0016  
or (303) 236-1942

<b>RMRC Use Only</b>
Task Order Number RMRC _____
Vendor Assigned to this task order _____
Proposal Number _____
RMRC Contact Person _____
RMRC Signature _____

Date of Request: \_\_\_\_\_

**Requesting Agency:**

Agency \_\_\_\_\_ RMRC MOU # DEN \_\_\_\_\_  
Agency Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Officer Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
Alternate Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Project Officer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Approving Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Items to be stored and estimated square footage of space needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Period of Performance:** Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Cost Estimate:**

RMRC will complete this section and provide your office with an estimate for funding purposes

Square footage used: \_\_\_\_\_ times RMRC Fee \$0.55 per square foot per month times \_\_\_\_\_ (# of months)

Total of this estimate \$ \_\_\_\_\_

Customer Project Officer Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
Alternate Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
Approving Official Signature \_\_\_\_\_ Date \_\_\_\_\_

### Billing Information

Check one of the billing methods below

- IPAC Billing
- OR**
- Credit Card Billing (complete the attached credit card information form)

#### DOD Agencies

- Attached is MIPR # \_\_\_\_\_
- A MIPR has already been sent in. Use MIPR # \_\_\_\_\_

#### Civilian Agencies

- Attached is a funding document (customer obligating document, i.e.; purchase order, misc. obligating document, funded IA etc.) that should be used for all charges associated with this order.
- A funding document that covers Fiscal Year \_\_\_\_\_ has already been sent in. Refer to funding document # \_\_\_\_\_ for charges associated with this Order.
- Use this task order form to fund the amount listed below and use the following account number for all charges associated with this order:  
Accounting Line/Account Number \_\_\_\_\_  
Funds Obligated: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Officer for the above funds \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Title of Certifying Officer \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_  
Fax Number \_\_\_\_\_

#### Provide the following information as to how and where billing documents should be sent:

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Preferred method of receiving billing information:  
 Email       Fax       Mail