



## Rhode Island School Delivery Information

Please complete this form and fax it to: 1-800-657-5834

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_

Delivery Contact: \_\_\_\_\_

Delivery Contact (2): \_\_\_\_\_

Phone Number: (401) \_\_\_\_\_

Alternate Phone Number: (401) \_\_\_\_\_

Requested Delivery Date (If Applies): \_\_\_\_\_

Delivery Hours: \_\_\_\_\_

Dock Available: Yes No

Stairs: Yes No

Skid or Breakdown: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

