

# ALCOHOL CUSTODIAN REQUEST

Send original with Department Head/Chair signature to Receiving Services,  
Attn: Judy Hodge. Also please email a copy to *judy.hodge@ucr.edu*

<b>Date:</b> _____	<b>Department:</b> _____
<b>Monthly Requirement:</b> _____	<b>Building &amp; Room number where stored:</b> _____

<b>Name/Title:</b> _____	<b>Email:</b> _____
<b>Campus Address:</b> _____	<b>Signature:</b> _____ <small>(this signature acknowledges that email address above belongs to you)</small>

<b>Name/Title:</b> _____	<b>Email:</b> _____
<b>Campus Address:</b> _____	<b>Signature:</b> _____ <small>(this signature acknowledges that email address above belongs to you)</small>

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<b>Campus Address:</b> _____	<b>Signature:</b> _____ <small>(this signature acknowledges that email address above belongs to you)</small>

<b>Department Head/Chair Name:</b> _____
<b>Department Head/Chair Signature:</b> _____