

For DHS Use Only C# D#

Total Recall Software *Report / Label Request Form*

Please complete this form and return to:

DHS Worldwide Software Solutions 563 Blanding Blvd. Suite 3, Orange Park, FL 32073 (E) admin@dhsworldwide.com | (F) 904.213.1490

To submit a report or label request, please complete this form and submit to DHS Worldwide. After processing, you will be contacted within 14 business days. Some requests may be subject to additional fees depending on the difficulty and hours involved. Please make checks payable to DHS Worldwide Software Solutions. ACH / Wire Transfer Information available upon request.

Please Use One Request	Form Per Request						
Requestor Name: Requestor Email:				Company:			
Select The Correct Option	n of Report Form:						
Addition / Change to	o an Existing Custom	Report or Label					
☐ New Custom Report	t or Label						
For Label Requests, Selec	ct Label Type:						
Container Label	File Label	☐ Shelf Label	☐ Destruction	Bin Label	☐ Transfer Case		
Printer Model: Label Stock Dimensions:				_x			
Detailed Description of F	Request:						
Which Field in Total Reca	all would you like the	report to page break	on?				
Which Field(s) would you like the report to order by? 1st:				2 nd :		3 rd :	
After receiving the report within five (5) business da							

For questions, please contact DHS Worldwide by calling 904.213.0448 or email us at admin@dhsworldwide.com