

# MSDS Request Form

Requester's name: \_\_\_\_\_  
Phone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_ L-code: \_\_\_\_\_  
Date requested: \_\_\_\_\_ Date needed: \_\_\_\_\_  
Purpose why MSDS is needed: \_\_\_\_\_  
\_\_\_\_\_

**Company name**

**Product name**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Both the **company name and product name** should be completed whenever possible.*

Send or fax completed requests to:

**MSDS coordinator, L-621**  
**MSDS fax extension: 3-9027**  
**MSDS hotline phone extension: 4-4404**

Date Complete: \_\_\_\_\_