



STATE OF DELAWARE  
EXECUTIVE DEPARTMENT  
OFFICE OF MANAGEMENT AND BUDGET

**CRMP Pick Up Form**

Location Details

Contact Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address/Location: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Copier Details

Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Final Meter Reading: \_\_\_\_\_

Date of Pick-up: \_\_\_\_\_

Agency Signature: \_\_\_\_\_

For CRMP  
Use Only

Expiration Date: \_\_\_\_\_

Vendor: \_\_\_\_\_

Log updated: \_\_\_\_\_

Once completed and signed, email copy of the form to [CRMP@delaware.gov](mailto:CRMP@delaware.gov).



**GOVERNMENT SUPPORT SERVICES – CRMP**

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PHONE: (302) 857-4550 – EM: CRMP@DELAWARE.GOV – GSS.OMB.DELAWARE.GOV