

## ARCHIVAL RECORDS TRANSMITTAL FORM (PERMANENT STORAGE)

Please type/print in ink, sign and send to:  
[archivalrecords@baldwincountyal.gov](mailto:archivalrecords@baldwincountyal.gov)

Agency/Entity:

Division/Office:

Address:

Archival Records Title:

Total Number of Boxes:

Books

Folders

Other

Arranged by: Alphabetical

Chronological

Numerical

Other/Unarranged

Restriction of Access: Yes

No

Justification for Restriction of Access:

Box Number	Box Contents	(Yes or No) Contain Social Security	Year Span	Location (BCDAH use only)

I do hereby transfer physical custody of the above listed archival records to the Baldwin County Department of Archives and History (BCDAH).

Signature of Authorized Transferring Agent: \_\_\_\_\_

Signature of BCDAH staff for Quality Control Review: \_\_\_\_\_

Signature of BCDAH Director: \_\_\_\_\_ Date: \_\_\_\_\_