

**ARCHIVAL RECORDS TRANSMITTAL FORM (TEMPORARY STORAGE)**

Submit completed form by email button or attach in an email to:  
[archivalrecords@baldwincountyal.gov](mailto:archivalrecords@baldwincountyal.gov)

**Department/Entity:**

**Records Liaison:**

**Telephone:**

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**Records Schedule Number or Function/Sub-function if an RDA:**

**Records Title:**

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**Destruction Date:**

**Total Volume:**                      **(# of Boxes)**

<b>Box Number</b>	<b>Contents Beginning and Ending Record</b>	<b>Date Span</b>	<b>Location (BCDAH Use Only)</b>

Approved for Transfer by:

Date Approved:

Received for Storage by:

Date Received: