

**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<br/>Beginning and Ending Record</b> | <b>Date Span</b> | <b>Location<br/>(BCDAH Use Only)</b> |
|-------------------|-------------------------------------------------|------------------|--------------------------------------|
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Approved for Transfer by:

Date Approved:

Received for Storage by:

Date Received: