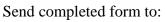
ARCHIVAL RECORDS TRANSMITTAL FORM (TEMPORARY STORAGE)



archivalrecords@baldwincountyal.gov

Department/En	atity:		
Records Liaison	n:		
Telephone:			
Records Schedu	ule Number or Function/Sub-function	if an RDA:	
Records Title: _			
Destruction Date:			
Total Volume:_	(# of Boxes)		
Box Number	Contents Beginning and Ending Record	Date Span	Location (BCDAH Use Only)
Approved for Tr	ransfer by:		
Date Approved:			
Received for Sto	orage by:		
Date Received:			