

ARCHIVAL RECORDS TRANSMITTAL FORM (TEMPORARY STORAGE)



Send completed form to:
archivalrecords@baldwincountyga.gov

Department/Entity: _____

Records Liaison: _____

Telephone: _____ - _____ - _____

Records Schedule 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 Transfer by: _____

Date Approved: _____

Received for Storage by: _____

Date Received: _____