



MULTNOMAH COUNTY RECORDS TRANSMITTAL FORM

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CONTROL NUMBER: Please leave blank:

2004-000999

1) Agency: Please provide the name of the agency or office responsible for the records being sent:

DES/EXAMPLE SERVICES

The following information can be obtained from your retention schedule, or by calling the Records Program.

2) Record Series Title: Please fill in the series title of the Records you are sending us. List only one series or group of records per transmittal.

SAMPLE CASE FILES

3) Series Number:

E8-007

The following information should be inclusive for all items being sent on this transmittal:

4) Total number of boxes: Leave blank if not known at this time.

3

5) Date range for all boxes:

1/1/87-12/21/04

6) Destruction date: Please leave blank for completion by Records staff:

1/1/2012

If you need a shelf inventory once shipment is completed, please check here ☒*The following OPTIONAL information should be provided for each box:*

Box Number	Beginning and Ending Contents (Examples: A - B; 100 - 150; Smith - Wheeler)	Beginning Date	Ending Date

Shipping Instructions - to be completed by Records Staff:☐ Boxes are Scheduled For Pick-up On _____ Shipping will be billed to m-code☒ Shipment is Less Than 11 Boxes. Please send 2 boxes per day through interoffice mail to 425/Records.

OFFICE LOCATION BLDG. 703 RM 32	CONTACT PERSON Sam Sample	SIGNATURE	TELE Ext 89999	DATE 5/26/04
RECORDS OFFICER 425 / RECORDS	SIGNATURE	Records Officer	503-988-3741	DATE 5/26/04

PLEASE RETAIN THIS COPY FOR FUTURE REFERENCE.