



**REQUEST FOR ARCHIVE/STORAGE**

DATE: \_\_\_\_\_

SITE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ \*\*\*

**CARTON CONTENTS:**

RECORD SERIES NAME

(FROM A.S.L. Records Retention & Disposition Schedule)

**DATES:**

FROM/ THROUGH

_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____

CONTENTS \*\*\*DESTRUCTION DATE \_\_\_\_\_ \*\*\*\*REQUIRED INFORMATION (per A.S.L. RR & D)

Original: Warehouse      Yellow Copy: Affixed to Carton \*\*\*Signature on form Required

9-FW20030



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