STATE OF FLORIDA DEPARTMENT OF STATE Division of Library and Information Services Form LS5E201R1-2009

TRANSMITTAL AND RECEIPT FOR RECORDS STORAGE

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101111 2002201111 200						
SEND ORIGINAL AND TWO	COPIES	то:	ITEMS 1-3 TO BE	COMPLETED BY F	ECORDS CENTER	
Department of State		Work Order No.	2. Date Received			
Records Managemen Mail Station 9A			3. Received By (Signature)			
Tallahassee, Florida 3 Or by Fax: (850) 245-		250	4. FROM (Name and Address of Transmitting Agency)			
0. 2) . am (000) = 10 0.00						
5. AGENCY CONTACT			6. LOCATION		7. TELEPHONE NO.	
8. APPROVING OFFICIAL	(Signaturo				10. DATE	
			9. IIILL		TO. DATE	
11. RESTRICTIONS ON	USE OF	RECORDS				
12. CUBIC FEET (Numb	per of Bo	xes) TRANSFERRED				
		13. LIST OF BOX	XES TRANSFERRED			
13a. Bar Code Number	MUST	INCLUDE: Record Series Title	ption of Records <u>e</u> From Retention Schedu <u>Dates</u>	13c. Retention Schedule, And Item No.		

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PAGE OF PAGES

DATE

13. L	_IST	OF	BOXES	TRANSF	ERRED
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10. Elot of Boxes manor entre								
13a. Bar Code Number	13b. Description of Records MUST INCLUDE: Record Series Title From Retention Schedule and Inclusive Dates)	13c. Retention Schedule, And Item No.						
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