BOX NO: _____

OFFSITE ARCHIVE STORAGE FORM

RECORDS CONTAINED IN THIS BOX

If you think the box is heavy – please tick the box and attach a sticker (available from IS) to alert others that may handle the box

HEAVY BOX ☐

LOCATION/ UNIT:

_____

CONTACT: _____

DESCRIPTION OF RECORD (e.g. 149 Certificates, Unused Cheques)	**NUMBER RANGE** (e.g. 1000 – 1200)	**DATE RANGE** (e.g. July 1999 to Aug 2000)	**ARCHIVING REFERENCE** **(e.g. GA39 Ref)** **For Information Services use only**