

City and Borough of Sitka
Records Center
100 Lincoln St.
Sitka, Alaska 99835

RECORDS INVENTORY FORM

SGC 1.35.040

DEPARTMENT: _____

Date Prepared: _____

E-Mail:

Telephone Number:

Records Item Number and Title	What does Department call record?
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Records Description (Give purpose, use and subject content.)

Records Location

If records are stored on desktop or server, provide the following information:
Name: _____ Path: _____

Original – Location of Originals _____ Not Applicable

Duplicate – Location of Duplicates _____

Record Format

Letter Plans/Drawings Printout Magnetic Media (indicate type) _____

Legal Video/Audio Tape Microfilm Publication/Books Binder

Other _____

Filing Method

Alphanumeric Numeric Chronologic Subject Alphanumeric Geographic

Calendar Year Fiscal Year Other _____

Record Characteristics	Records Retention Period Date:
<input type="checkbox"/> Vital <input type="checkbox"/> Confidential <input type="checkbox"/> Restricted <input type="checkbox"/> Important <input type="checkbox"/> Useful	

Range of Records (e.g. 1/1/98-6/30/01)	Does record have historical or archival value? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Volume of Records ____ Number of Boxes ____ Number of Books
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Reference Rate Times	External Audit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	Date Audit Completed:

Department Recommendations (Check all that apply)

Destroy _____ month(s) or _____ year(s)

Hold in active file area _____ month(s) or _____ year(s)

Transfer to _____ department after _____ month(s) or _____ year(s)

Transfer to Records Center after _____ year(s)

Transfer to Archives for permanent retention

Microfilm for permanent retention after _____ month(s) or _____ year (s)

Scan for frequent retrieval

Signature of Person Conducting Inventory: _____