

CITY & BOROUGH OF SITKA
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RECORDS TRANSFER LIST

FOR RECORDS SPECIALIST USE ONLY

Records Transferred _____

Records Indexed _____

Department: _____

Printed Name and Signature of Records Department Representative: _____

Access to Records

- Restricted to (Position Title): _____
 Restricted to Personnel in the above named Department (Additional access is by written authorization from the Dept. Head or Designee)
 Non-Restricted

Transfer from: _____

Transfer to: _____

Series No.	Record Description	Material Date	Disposition Date