

LORAIN COUNTY RECORDS RETENTION CENTER

320 N. Gateway Blvd.
First Floor
Elyria, OH 44035

Phone: (440) 326-4868
Fax: (440) 326-4869

RECORDS TRANSFER/INTAKE

Completed by Records Center
Intake Personnel Only

Date Received: _____

Assigned Locator: / / /

Receipt Returned: _____ Date: _____

TO BE FILLED OUT BY ORIGINATING DEPT.

Confidential?:

** (please include list of authorized persons)

Form must be completed prior to transfer. Required sections are numbered.

Department: _____

Box No. (1) _____ Division _____

Box Prepared By: _____ Phone _____

Records Series (2) _____

Record Description (3) _____

Inclusive Years (4) From: _____ To: _____

Alphabetic/Numeric Listing (5) From: _____ To: _____

Retention Period (6) _____ (8) Schedule Number from RC1 or RC2: _____

Destruction Date (7) _____ (9) Approval Date: _____
(month, day, year)

- (1) Corresponds to # written on box.
- (2) Indicates the type of document (offense report, personnel file, medical file, etc.)
- (3) Indicate the specific material enclosed.
- (4) Indicates the dates of enclosed material in box.
- (5) Indicate the sequence of the materials in the box.
- (6) Scheduled retention period.
- (7) Destruction date.
- (8) Schedule Number from RC1 or RC2.
- (9) Records Commission Approval Date.

- Notes:**
- * Please do not overfill boxes. **(40 LBS OR LESS)**
 - * Only approved Center Boxes are accepted.
 - * Include Transfer/Intake forms in a separate envelope. Do not tape to boxes.
 - * If all boxes are the same type of records attach a separate sheet listing box # and contents of each box. You don't have to complete a separate Intake Form for each box.