



# ARCHIVES & RECORDS CONTROL CENTRE

Accession No.

DEPARTMENT/ORGANIZATION

## City Clerks/Archives & Records Control

(With a black, permanent ink marker, PRINT the full names of both your department and your branch (no abbreviations) in this space. If there is a large number of boxes in your transfer, a stamp or stickers can be used to facilitate the process.)

SCHEDULE NO./RECORD SERIES

## 21.05/Elections Project Files

(The Schedule Number and Record Series Title must be taken from Schedules B or C of Records Management By-law No. 86/2010)

# DESTROY

# X

If the records in this box are deemed temporary under the by-law, mark an "X" in this space

AREA

ROW

SHELF

BOX

# TEMPORARY BOX NO.

# 1

You need to assign each box a temporary box no. for identification purposes. Use consecutive numerals (e.g. 1, 2, 3 ...). Do not add departmental codes or use alphanumeric combinations.