RECORDS BOX TRANSFER LIST *(as per By-Law No. 86/2010)*

City Clerk's Department, Archives & Records Control Branch
380 William Avenue, Winnipeg MB R3A 0J1 ~ Phone: 986-5325 ~ E-mail: archives@winnipeg.ca

DEPARTMENT	DIVISION/BRANCH/OFFICE	RESTRICTED RETRIEVALS? YES ☐ NO ☐
RECORD SCHEDULE CLASSIFICATION NO.	RECORD SCHEDULE CLASSIFICATION NAME	POSITIONS: _____
RETENTION & DISPOSITION Schedule _____ ____ years	DISPOSAL ACTION ☐ **Destroy** ☐ **Archival** / DISPOSAL REVIEW DATE DD/MM/YYYY	***ARCHIVES USE ONLY*** TRANSFER NO.

TEMPORARY BOX NO.	DATES (YEARS) FROM	TO	BOX CONTENTS (*Attach file list for archival records only*)	AREA	ROW	SHELF	BOX

I confirm that the disposal action and disposal date are in accordance with By-Law No. 86/2010 Schedule Classification # _____ and that the box contents information is correct.

DATE OF RECEIPT

RECEIVING OFFICER

TRANSFERRING OFFICER (Print) (Signature) PHONE DATE

AUTHORIZED BY (Print) (Signature) POSITION DATE

ORIGINAL: ARCHIVES COPY: TRANSFERRING OFFICER

J:\Records Management Programs\Web Site\RM By-law 86.2010 Updates\Records Transfer List BlankTemplate 2010.doc

ARC Form 04-01