

Webb County Records Management Center

RECORDS TRANSFER ACCESSION LIST WEBB COUNTY: Office: _____ Department: _____ Division: _____ RLO: _____ Tel. No.: _____ Request Date: _____	<div style="background-color: red; color: white; padding: 2px; text-align: center;">FOR RMC OFFICE USE ONLY:</div> Accession Number: _____ Transfer Approval Date: _____ Records Pick-up Date: _____ Accession Date: _____
RMC OFFICE USE ONLY: ↓↓↓	

Series Number	Box Content	Inclusive Dates	Retention Period	Destroy After	Accession Number	Box Space
1	2		3	4		
	1. SHOULD COINCIDE WITH RMC #S (CALL TO VERIFY NEXT BOX # 718-8536)					
	2. DESCRIPTION OF CONTENTS IN BOX & INCLUDE YEARS (under inclusive years space)					
	3. IN ACCORDANCE TO T.S.L.A.C.; 3 YRS, 5 YRS, ETC.					
	4. INCLUSIVE DATES PLUS RETENTION PERIOD					
	NOTE: Box labels should have exact information as the Accession List.					
	Lists or box labels that are lacking information are subject to refusal					

_____ Sender's Signature	Page	of
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