ARCHIVES MANAGEMENT CENTERS, Inc.

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RECORDS TRANSMITTAL FORM

"SHADED AREAS FOR CENTER USE ONLY"

AMC ACCOUNT #	COMPANY NAME
	ADDRESS
PAGE_____ OF _____	PHONE NUMBER

BOX #	BOX SIZE	DESTRUCT DATE: MO/YR	**BRIEF DESCRIPTION** of contents in box (ie: Beginning file name or number through last name or number). Description may be no longer than 200 Characters, including -/ or spaces.

SUBMITTED BY:	DATE:	ACCEPTED BY:	DATE-:

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