Form Gen. 62 (R 04/09))

CITY OF LOS ANGELES

RECORDS TRANSFER LIST

Date:_____

Records of_____

(Department/Bureau) (Division) (Unit)

Address_____ Compiled by_____ Phone_____

(Location Records Came From)

Records Retention Schedule No. _____

Records Type: [ ] Original Records [ ] Oversize Records [ ] Historical Records [ ] Vital Records [ ] Confidential Records

DEPT. BOX NO.	SCH. ITEM NO.	DESCRIPTION OF BOX CONTENTS	INCLUSIVE DATES		CRC/ ARCHIVE BOX NO
			FROM **(00/00/0000)**	TO **(00/00/0000)**	

Records Received by_____ Date_____ Shipment No._____

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