

Instructions Hard Copy Transmittal List

Please keep this sheet and refer to it if you have questions about filling out your Hard Copy Transmittal List.

DATA SAFE
P.O. Box 7794 San Francisco, CA 94120 (650) 875-3700 www.datasafe-sf.com

Hard Copy Transmittal List

Client Name & Pick-Up Address (Please print clearly)

Company Name _____
Address _____
City _____
State, Zip _____

Service Information

List Prepared By _____
Contact Phone Number _____
Transmitted Page _____ of _____
Account Number _____

Released By _____
Date _____ Time _____
Total Units in Shipment _____
Service Order Number _____

Action Codes: A= Container Added, D= Destruction, R= Permanent Removal, F= File Records, C= Container Return

Check here for information about capturing this data electronically: **Review Date** _____

Records Center Location # _____

A.C.	Client Container #	Department Code	Index?	Description	Review Date	Records Center Location #	X O
1			<input type="checkbox"/>				
2			<input type="checkbox"/>				
3			<input type="checkbox"/>				
4			<input type="checkbox"/>				
5			<input type="checkbox"/>				
6			<input type="checkbox"/>				
7			<input type="checkbox"/>				
8			<input type="checkbox"/>				
9			<input type="checkbox"/>				
10			<input type="checkbox"/>				
11			<input type="checkbox"/>				
12			<input type="checkbox"/>				
13			<input type="checkbox"/>				
14			<input type="checkbox"/>				
15			<input type="checkbox"/>				
16			<input type="checkbox"/>				
17			<input type="checkbox"/>				
18			<input type="checkbox"/>				
19			<input type="checkbox"/>				
20			<input type="checkbox"/>				

Please Note: This Transmittal List is to be completed in full by the Client based on their internal procedures for verifying records maintained in DataSafe. As working units during the records, DataSafe may not check the accuracy of the information on this list other than verifying the total number of items identified on this Transmittal List.

Box Number

Your internal designation (please do not use punctuation)

Index Check Box

Check here if you would like your records indexed

Your Retention Schedule Date

The date your records are scheduled for destruction, allowing us to provide you with Review Date Reports

A.C.

Choose from action codes listed above

Department Code

For cost allocation clients only

Description of Box Contents

Your description of what's in each box.
Check box in title bar for information on having this data captured electronically