

## 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](http://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 transmitted to DataSafe. As receiving and storing 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