



**STATE OF ALASKA**  
 Archives & Records  
 Management Services  
 POB 110525--141 Willoughby  
 Juneau, AK 99811-0525  
 (907) 465-2275

**TRANSMITTAL/RECEIPT**  
**TRANSFER OF PUBLIC RECORDS**  
**TO**  
**THE ALASKA STATE ARCHIVES**

Accession No: _____
Date Received/By: _____
RG/Series #: _____

Dept. No.	2. Department	3. Division	4. Section
5. Physical Location of Records		Contact Name	Phone No.

**7. DESCRIPTION OF RECORDS**

7A. Series Title	7B. Inclusive Dates
7C. Retention Schedule & Item No.	7D. File index, code or manual available? <input type="checkbox"/> Yes <input type="checkbox"/> No

7E. General Series Description (Include information regarding content, order, etc.)

8. Total Number of Containers Transferred to Archives:

9. Format of Records: (Check each type that applies)

- a.  paper documents
- b.  maps, blueprints, engineering drawings
- c.  bound volumes
- d.  photographs, slides, negatives
- e.  microforms
- f.  videotapes/motion pictures
- g.  audio tapes/cassettes
- h.  computer disks/magnetic tape
- i.  other \_\_\_\_\_

(Archives Use Only, Box Numbers)	Transfer List Number(s):
	Total Cubic Feet _____

Physical Condition of Records (Note damage or unusual wear)

10. Restrictions on Use

- None  Yes. Cite applicable statute or regulations:

The above described public records are transferred to the official custody of the Alaska State Archives per AS 40.21.020

11A.. <b>Transferring Agency:</b> I authorize the transfer of records herein described.	11B. <b>Alaska State Archives:</b> I accept custody of records herein described.
_____ Signature Date	_____ Signature Date
Name and Title	Typed Name and Title Glenn Cook, State Archivist