

# Records Inventory Form

County: \_\_\_\_\_

Inventoried By: \_\_\_\_\_

Date: \_\_\_\_\_

Department /Office	Record Title (common title the record is known by) Inclusive dates _____ through _____ Quantity (cu.ft.)= _____
Location	Alternate title of the record
Person Responsible	
Telephone	

Is this the original (circle one)    yes                      no                      Location of duplicates

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Is this a duplicate (circle one)    yes                      no                      Location of original

Description of Record/Comments/Condition of Records: (use the back of this form if needed)  
Write about where it originates (public or another office); what is recorded on it; how long it is stored and where it goes from here (destroyed or permanent storage)

Records Retention Schedule: \_\_\_\_\_

Reference Rate (circle)    Daily    Weekly    Monthly    Yearly

Rate of Accumulation: cu.ft/year \_\_\_\_\_ (figure one 4 drawer cabinet is 2 cu.ft)

<p>Record Format (Circle)</p> <p>Letter</p> <p>Legal</p> <p>Computer printout</p> <p>Drawing/Map</p> <p>Book</p> <p>Card File</p> <p>Audiotape</p> <p>Videotape</p> <p>Photograph</p> <p>Electronic/digital image/CD-ROM</p> <p>Equipment Type (storage)</p>	<p>Filing Method (Circle)</p> <p>Alphabetical</p> <p>Numerical</p> <p>Chronological</p> <p>Subject</p> <p>Alphanumeric</p> <p>Geographic</p> <p>Other</p>	<p>Microfilmed (Circle) Yes No</p> <p>Aperture Card (circle) Yes No</p> <p>Microfiche (circle) Yes No</p>
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