STATE OF WEST VIRGINIA

Records Transmittal Date Submitted___/___/___

1. County _____
2. Office
3. Shipment prepared by _____
4. Phone:
5. Schedule used _____
6. Series Number
7. Record Title _____
8. Records Are Permanent _____
   Records Are Reformatted _____
9. Total Volume of Shipment _____ in cubic feet
10. Restrictions on access to records No____Yes_____
    (If yes, authority by which record is restricted_____)
11. Format of records: Paper_____ Book (s) _____ Microfilm_____
    Computer disk/tape _____ CD/Optical Disk _____
    Other (describe)_____
12. Other information useful to describe this shipment:

_____

_____

_____

Record Group _____
Accession No. _____

To be completed by State Archives staff

Box/Book Number	Location	Contents	Date Span	Date Relocated To State Archives