

City and Borough of Sitka
Records Center
4600 Sawmill Creek Road
Sitka, Alaska 99835
Voice: (907) 747-3890
Fax: (907) 747-4940

RECORDS INVENTORY FORM

SGC 1.35.040

DEPARTMENT: _____

Date Prepared: _____

E-Mail: _____

Telephone Number: _____

Records Item Number and Title	What does Department call record?
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Records Description (Give purpose, use and subject content.)

Records Location

If records are stored on desktop or server, provide the following information:

Name: _____ Path: _____

Original - Location of Originals _____

Not Applicable

Duplicate - Location of Duplicates _____

Record Format

- Letter Plans/Drawings Printout Magnetic Media (indicate type) _____
 Legal Video/Audio Tape Microfilm Publication/Books Binder
 Other _____

Filing Method

- Alphabetic Numeric Chronologic Subject Alphanumeric Geographic
 Calendar Year Fiscal Year Other _____

Record Characteristics

- Vital Confidential Restricted Important Useful

Records Retention Period Date: _____

Range of Records

(e.g. 1/1/98-6/30/01)

Does record have historical or archival value?

- Yes No Unknown

Volume of Records

_____ Number of Boxes

_____ Number of Books

Reference Rate Times

- Daily Weekly Monthly Yearly Other

External Audit Required? Yes No

Date Audit Completed: _____

Department Recommendations (Check all that apply)

- Destroy _____ month(s) or _____ year(s)
 Hold in active file area _____ month(s) or _____ year(s)
 Transfer to _____ department after _____ month(s) or _____ year(s)
 Transfer to Records Center after _____ year(s)
 Transfer to Archives for permanent retention
 Microfilm for permanent retention after _____ month(s) or _____ year(s)
 Scan for frequent retrieval

Signature of Person Conducting Inventory: _____