<table>
<thead>
<tr>
<th>Series Number</th>
<th>Box Content</th>
<th>Inclusive Dates</th>
<th>Retention Period</th>
<th>Destroy After</th>
<th>Accession Number</th>
<th>Box Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **SHOULD COINCIDE WITH RMC #S (CALL TO VERIFY NEXT BOX # 718-8536)**

2. **DESCRIPTION OF CONTENTS IN BOX & INCLUDE YEARS (under inclusive years space)**

3. **IN ACCORDANCE TO T.S.L.A.C.: 3 YRS, 5 YRS, ETC.**

4. **INCLUSIVE DATES PLUS RETENTION PERIOD**

**NOTE:** Box labels should have exact information as the Accession List.

**Lists or box labels that are lacking information are subject to refusal**

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**Webb County Records Management Center**

**RECORDS TRANSFER ACCESSION LIST**

**WEBB COUNTY:**

Office: __________________________

Department: ______________________

Division: _________________________

RLO: _____________________________

Tel. No.: _________________________

Request Date: _____________________

Accession Number: __________________

Transfer Approval Date: ______________

Records Pick-up Date: ______________

Accession Date: ____________________

RMC OFFICE USE ONLY: