

This Schedule supercedes Schedule #C682 dated 3/26/92

Anne Arundel County
OFFICE OF CENTRAL SERVICES
Records Management Division

Schedule No.

C-739

Page No.

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RECORDS RETENTION AND DISPOSAL SCHEDULE

AGENCY AACo Central Services

DIVISION Rcds Mgmt

Item No.	Description	Retention
1.	Subject arrangement including original incoming letters, copies of outgoing letters, reports, studies, memorandum, and other materials related to the operation of the division. Also included are Proposed Budget information.	3 years or until no longer needed for current business. Then destroy.
2.	Certification of Disposal Forms which are sent to the State Records Center to inform them of all records destroyed.	Retain 5 years or until no longer needed for current business. Then destroy.
3.	Unofficial Personnel Records Departmental copies of employees records, including PAA's, Leave slips, reprimands, evaluations, etc.	Retain 3 years after termination, then destroy.
4.	Stockroom Requisitions All copies of stockroom req's, printshop req's and other purchase orders	Retain 2 years, then destroy.
5.	Retention Schedules Schedules which indicate how long a department must retain their records.	Retain 5 years after superseded, then destroy
6.	Records Storage Form A form prepared for each separate box of records received by the records center. This form serves as both a location and disposal control.	Retain until boxes destroyed or transferred to private storage facility, then destroy.

Schedule Approved by
Records Management Officer

5 Jan 1995
Date

Conan L. Daulton
Signature

Schedule Approved by
Chief Administrative Officer

1/23/95
Date

[Signature]
Signature

Schedule Approved by
Agency, or Division Representative

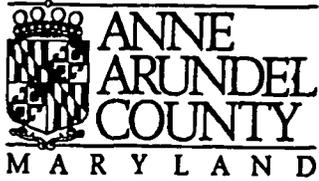
1/4/95
Date

Jacqueline M. Ryan
Signature

Schedule Approved by
State Archivist

2/21/95
Date

[Signature]
Signature



Anne Arundel County
OFFICE OF CENTRAL SERVICES
Records Management Division

Schedule No.

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Item No.	Description	Retention
7.	Fixed Assets A. Data entry sheets & transfer sheets which indicate the initial barcoding system. B. Reports - listing of the assets.	Retain 2 years after data entry into system. Then destroy. Retain 1 year after new printout received. Then destroy.
8.	Private Storage Facility Records Printouts printouts of all records/files being stored at private storage facility.	Retain until replaced. Then destroy.
9.	Packing Slips Slips received to denote receipt of files, transfer of boxes to or from private storage, or any other action occurring.	Retain for 6 months, then destroy.
10.	Bills and Backups for Billing Bills and backup paperwork for private storage or microfilm repairs.	Retain for 1 year, then destroy.

Actions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794		AGENCY RECORDS INVENTORY PAGE <u>1</u> OF <u>10</u>	
1. Department/Agency <i>AA County</i>		2. Division <i>Central Services</i>		3. Unit <i>Records Mgmt</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>General Correspondence</i>				5. Earliest Year/Latest Year <i>1990 to present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Letters, Memos, Studies, Reports + Budget Info</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <u>1</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
				10. Annual Accumulation <u>1/4</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <i>240 Riva Rd, 3rd Floor</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>3 years</i>		
19. Name and Title of Preparer <i>J. Ryan</i>		20. Telephone Number <i>222-7623</i>		21. Date <i>1/4/95</i>	

Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794		AGENCY RECORDS INVENTORY PAGE 2 OF 10	
1. Department/Agency <i>AACo</i>		2. Division <i>Cent Serv</i>		3. Unit <i>Recs Mgmt</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Certification of Disposal</i>				5. Earliest Year/Latest Year 1970 to <i>present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Forms sent to state denoting all records destroyed</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volumes <i>1/4</i> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
				10. Annual Accumulation <i>1/8</i> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			12. File Becomes Inactive After <i>1</i> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <i>2660 Rova Rd, 3rd</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>state Records</i>		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>5 yrs</i>		
19. Name and Title of Preparer <i>J. Ryan</i>		20. Telephone Number <i>222-7623</i>		21. Date <i>1/4/95</i>	

DGS 550-4 (Rev. 1/83)
 Figure 1

Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794		AGENCY RECORDS INVENTORY PAGE <u>3</u> OF <u>10</u>	
1. Department/Agency <u>AA County</u>		2. Division <u>Central Services</u>		3. Unit <u>Recs Mgmt</u>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <u>Unofficial Personnel Records</u>				5. Earliest Year/Latest Year <u>1970 to present</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <u>Employees PAAs, leave slips, reprimands, evaluations, etc.</u>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume Number <u>5 files</u> <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify)	
11. File Is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			12. File Becomes Inactive After Number <u>1</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) <u>after termination</u>		
13. Current Location(s) (Bldg., Floor, Room) <u>2660 Riva Rd, 3rd Fl.</u>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Personnel</u>		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <u>3 yrs</u>		
19. Name and Title of Preparer <u>J Ryan</u>		20. Telephone Number <u>222-7623</u>		21. Date <u>1/5/95</u>	

Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794		AGENCY RECORDS INVENTORY PAGE <u>4</u> OF <u>10</u>	
1. Department/Agency <i>AA County</i>		2. Division <i>Contract Services</i>		3. Unit <i>Records Mgmt</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Stockroom Requisitions</i>				5. Earliest Year/Latest Year <i>1991 to present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Copies of stockroom + printer shop requisitions + other purchase orders</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Number <u>3 files</u>	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly		12. File Becomes Inactive After Number _____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) <i>246 Live Rel, 3rd Floor</i>		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <i>2 years</i>			
19. Name and Title of Preparer <i>J. Ryan</i>		20. Telephone Number <i>222-7623</i>		21. Date <i>1/5/95</i>	

DGS 550-4 (Rev. 1/93)
 Figure 1

Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20784		AGENCY RECORDS INVENTORY PAGE <u>5</u> OF <u>10</u>	
1. Department/Agency <i>AA County</i>		2. Division <i>Central Services</i>		3. Unit <i>Records Mgmt</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Retention Schedules</i>				5. Earliest Year/Latest Year <i>1991 to present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Original Schedules which indicate the retention period for departmental records.</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volumes <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Number <i>1 Both Bundles</i>	
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File Becomes Inactive After <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number <i>superceded</i>			
13. Current Location(s) (Bldg., Floor, Room) <i>2660 Riva Rd, 3rd Floor</i>		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>State</i>			
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))		16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <i>5 yrs</i>			
19. Name and Title of Preparer <i>G. Ryan</i>		20. Telephone Number <i>222-7623</i>		21. Date <i>1/5/95</i>	

DGS 550-4 (Rev. 1/83)
 Figure 1

Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)	DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794	AGENCY RECORDS INVENTORY
1. Department/Agency <i>AA County</i>		PAGE <i>12</i> OF <i>10</i>
2. Division <i>Central Services</i>	3. Unit <i>Records Mgmt</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title <i>Records Storage Form</i>	5. Earliest Year/Latest Year <i>1991 to 1994</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Form prepared for each lot of records received by the Records Center.</i>		
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume <i>4</i> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ 10. Annual Accumulation Number _____ <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	12. File Becomes Inactive After <input checked="" type="checkbox"/> Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) <i>Destroy or transfer</i>	
13. Current Location(s) (Bldg., Floor, Room) <i>2660 Riva Rd, 3rd floor</i>	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))	16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention <i>until destroyed or transferred</i>	
Name and Title of Preparer <i>J. Ryan</i>	20. Telephone Number <i>222-7623</i>	21. Date <i>1/5/95</i>

<p>Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>7</u> OF <u>10</u></p>
<p>1. Department/Agency <u>AACounty</u></p>	<p>2. Division <u>Central Services</u></p>	<p>3. Unit <u>Records Mgmt</u></p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title <u>Fixed Assets</u></p>	<p>5. Earliest Year/Latest Year <u>1991 to Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <u>Data Entry Sheets + Transfer Sheets Reports</u></p>		
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><u>1</u> Number</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation</p> <p><u>1/4</u> Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p>
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly</p>	<p>12. File Becomes Inactive After</p> <p><u>1</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) <u>2660 Rma Rd, 3rd Fl</u></p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention <u>2 yrs / 1 yr</u></p>	
<p>19. Name and Title of Preparer <u>J. Ryan</u></p>	<p>20. Telephone Number <u>222-7623</u></p>	<p>21. Date <u>1/5/95</u></p>

<p>Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>8</u> OF <u>10</u></p>
<p>1. Department/Agency <i>AA County</i></p>	<p>2. Division <i>Contract Services</i></p>	<p>3. Unit <i>Records Mgmt</i></p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title <i>Printouts</i></p>	<p>5. Earliest Year/Latest Year <i>1993 to Present</i></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Printouts of records being stored</i></p>		
<p>7. Record Series Format(s)</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <i>11x14 Printout</i></p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><u>15</u> Number <i>Books</i></p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify)</p> <p>10. Annual Accumulation</p> <p>Number <u>2</u> <i>Books</i></p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify)</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p>	<p>12. File Becomes Inactive After</p> <p>Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p> <p><i>Replaced or destroyed</i></p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p><i>2600 Riva Rd, 3rd Flr</i></p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention</p> <p><i>Replaced</i></p>	
<p>19. Name and Title of Preparer</p> <p><i>J. Ryan</i></p>	<p>20. Telephone Number</p> <p><i>222-7623</i></p>	<p>21. Date</p> <p><i>1/5/95</i></p>

Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794		AGENCY RECORDS INVENTORY PAGE <u>9</u> OF <u>10</u>	
1. Department/Agency <i>AA County</i>		2. Division <i>Central Services</i>		3. Unit <i>Records Mgmt</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Packing Slips</i>				5. Earliest Year/Latest Year <i>1993 to present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Slips denoting action by private storage.</i>					
7. Record Series Format(s) <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <u>6</u> Number <i>files</i> <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify)	
				10. Annual Accumulation <u>1</u> Number <i>file</i> <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify)	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <u>1</u> Number <input checked="" type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <i>2660 Riva Rd, 3rd Fl</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>6 mos.</i>		
19. Name and Title of Preparer <i>J. Kiper</i>		20. Telephone Number <i>222-7623</i>		21. Date <i>1/5/95</i>	

<p>Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)</p>	<p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>10</u> OF <u>10</u></p>
<p>1. Department/Agency <u>AA County</u></p>	<p>2. Division <u>Central Services</u></p>	<p>3. Unit <u>Records Mgmt</u></p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>		
<p>4. Record Series Title <u>Bills & Backups</u></p>	<p>5. Earliest Year/Latest Year <u>1993 to Present</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <u>Billings & Backup Paperwork.</u></p>		
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><u>3</u> Number <u>files</u></p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify)</p> <hr/> <p>10. Annual Accumulation</p> <p><u>1</u> Number <u>file</u></p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify)</p>
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly</p>	<p>12. File Becomes Inactive After</p> <p><u>1</u> Number <u>Month(s)</u> <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p><u>2660 Riva Rd, 3rd Floor</u></p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention</p> <p><u>1 year</u></p>	
<p>Name and Title of Preparer</p> <p><u>J. Ryan</u></p>	<p>20. Telephone Number</p> <p><u>222-7623</u></p>	<p>21. Date</p> <p><u>1/5/95</u></p>

DGS 550-4 (Rev. 1/93)
Figure 1