

INVENTORY FORM – PAPER RECORDS

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| **Ministry/Agency**: |  |
| **Branch/Division:** |  |
| **Contact Name (if other than Designated Records Officer):** |  |
| **Tel**: |  | **email**: |  |
| **Location of Records:** |  | **Transfer/Transit # (if applicable):** |  |

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| **Historical Context** |
| **Originating Ministry/Agency and Division/Branch (i.e. where it was originally created):** |  |
| **Purpose of the Record****(include any background information that may help identify the records series/ function including position title of records creator, office, program, etc.)** |  |

NOTE: A GOVERNMENT INSTITUTION MAY USE THEIR OWN INVENTORY FORMS, PROVIDING ALL PERTINENT INFORMATION IS INCLUDED AND FORMS ARE ATTACHED TO THE APPROPRIATE PROVINCIAL ARCHIVES REQUEST OR NOTIFICATION FORM.

For more information please contact the Information Management Services (IMS) at 787-0734, or recordhelp@archives.gov.sk.ca, or [www.saskarchives.com](http://www.saskarchives.com/).

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| **Box ID** | **File Title/ Description** | **Inclusive Dates** | **Schedule Name/****Number** | **Schedule Item #****(primary and secondary # or records series #)** | **Date Eligible****For****Disposal** | **Archives****use****only** |
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