

## INVENTORY FORM – ELECTRONIC RECORDS

Ministry/Agency:											
Branch/Division:											
Contact Name (if other than Designated Records Officer):											
Tel:			email:								
Locatio	on of Records:					Transfer/Transit # (if applicable):					
Histori	Historical Context										
Originat	ing Ministry/Crow	n									
	tion/Agency and										
Division	Branch (i.e. where	it was									
	y created):										
	of the Record										
(include a	ny background infor	mation									
tnat may	help identify the reco ection including positi	ras on titlo									
	s creator, office, prog										
etc.)	o eremor, orries, prog.										
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**NOTE**: A MINISTRY 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.

Software/ File Type	Size (number of items, MB, GB, etc.)	File Title/ Description	Inclusive Dates (Begin and End Date)	Schedule Name/ Number	Schedule Item # (primary and secondary # or records series #)	Date Eligible for Disposal	Archives use only
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For more information please contact the Information Management Unit (IMU) at 787-0734, or  $\underline{\text{recordhelp@archives.gov.sk.ca}}\text{, or }\underline{\text{www.saskarchives.com}}\text{.}$ 

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