

**ALABAMA DEPARTMENT OF ARCHIVES AND HISTORY**

P.O. Box 300100, 624 Washington Avenue, Montgomery, Alabama 36130

**TEMPORARY CUSTODY RECEIPT – STATE RECORDS**

Temporary Custody Receipt Number: \_\_\_\_\_

State Agency Name: \_\_\_\_\_

Name of Person Authorized to Sign Transmittal: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If Different, Name of Contact Person for Questions: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**The state records listed below are received for evaluation and pre-processing.**

Description of records: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of items or number of boxes: \_\_\_\_\_

**The Alabama Department of Archives and History will contact the agency for signature upon completion of an Archival Records Transmittal Form.**

\_\_\_\_\_  
Received From: Printed Name

\_\_\_\_\_  
Contact Information

\_\_\_\_\_  
Received From: Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ADAH Employee: Printed Name

\_\_\_\_\_  
Contact Information

\_\_\_\_\_  
ADAH Employee: Signature

\_\_\_\_\_  
Date