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| AGENCY  MARYLAND DEPARTMENT OF HEALTH | ACCESSION NO. | DATE REC’D |
| DIVISION/UNIT | RM CODE |
| MAILING ADDRESS | RANGE SECTION(S) NO. OF CU. FT.   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | | TOTAL CU. FT.   |  | | --- | |  | |
| PHONE NO.:  EMAIL: | RECORDS CENTER MANAGER | |
| AGENCY OFFICIAL | **TO BE COMPLETED AT STATE RECORDS MANAGEMENT CENTER** | |

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| --- | --- | --- |
| BOX | DESCRIPTION OF RECORDS | SCHEDULE NO., ITEM NO. AND DISPOSAL DATE |

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| --- | --- | --- |
|  | **Use Plain Unlined Paper for Continuation Pages** | Schedule #  Item #  Disposal Date  Use Either Jan 1 or July 1 Disposal Dates  All Records Listed on this Form MUST have the Same Disposal Date |

(Submit thru coordinator to MDH Records Officer Designee - 410 767-3598)