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| AGENCYMARYLAND DEPARTMENT OF HEALTH | ACCESSION NO.  | DATE REC’D |
| DIVISION/UNIT            | RM CODE |
| MAILING ADDRESS                                    |  RANGE SECTION(S) NO. OF CU. FT.

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 |  TOTAL CU. FT.

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 |
| 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 DatesAll Records Listed on this Form MUST have the Same Disposal Date |

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