|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This form is to be returned to the Northern Territory Archives Service, GPO Box 874, DARWIN NT 0801.  Refer to Transfer Procedures for NT Government Records for instructions regarding the preparation of records to transfer. | | | | | | | |
| 1. Name of agency controlling the records:   *Name of the Agency which has the function to which the records being described relate, eg. Department of the Chief Minister* | | | | |  | | |
| 2. Agency Contact Officer:  *Name and contact details of the officer within the agency who organising the transfer of records* | | | Name: | |  | | |
| Position: | |  | | |
| Address: | |  | | |
| Phone: | |  | | |
| Email: | |  | | |
| 1. Current location of records: | | | | |  | | |
| 4. When were the records last fumigated? | | | | |  | | |
| 5. I hereby certify that I am authorised to act for this agency in matters pertaining to the disposal of the Agency’s records. I now propose that the records described below to be transferred to the NT Archives Service. | | | | | | | |
| Signature: |  | | | | | | |
| Designation: |  | | | | | | |
| Date: |  | | | | | | |
| ARCHIVES USE ONLY | | | | | | | |
| Accession Number: | |  | | Transfer Completed: | |  | |
| File Number: | |  | | Processing Completed: | |  | |
| Lists Received: | |  | | Copies of Lists Sent: | |  | |
| RECORDS DESCRIPTION | | | | | | | |
| Disposal Schedule Class No: | NTRS No.  (if known) | Records Title and/or Description | | | | Date Range | Quantity  (Shelf Metres) |
|  |  |  | | | |  |  |
|  |  |  | | | |  |  |
|  |  |  | | | |  |  |
|  |  |  | | | |  |  |
|  |  |  | | | |  |  |
|  |  |  | | | |  |  |
|  |  |  | | | |  |  |
|  |  |  | | | |  |  |
|  |  |  | | | |  |  |
|  |  |  | | | |  |  |

| RECORDS DESCRIPTION | | | | |
| --- | --- | --- | --- | --- |
| Disposal Schedule Class No: | NTRS No.  (if known) | Records Title and/or Description | Date Range | Quantity  (Shelf Metres) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |