

Priority Archives, Inc.

5 Chelsea Parkway, Boothwyn, PA 19061

Transmittal Form

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Client Number

Date

Client Name

Completed By:

Container Code	Alternate ID	Description			
Sequence (from)	Sequence (to)	Date (from)	Date (to)	Department	Destruction Date

Container Code	Alternate ID	Description			
Sequence (from)	Sequence (to)	Date (from)	Date (to)	Department	Destruction Date

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