

AGENCY NAME & ADDRESS		CUSTOMER BOX NUMBER (if applicable)	
Florida			
RETENTION SCHEDULE NUMBER:	ITEM NUMBER:	FROM DATE:	____ / ____ / ____ mm dd yyyy
RECORD SERIES TITLE:		TO DATE:	____ / ____ / ____ mm dd yyyy
DESCRIPTION OF RECORDS (When describing records, avoid vague terms such as "Miscellaneous." If describing a person's files, include the person's title. For example, rather than saying "Bob Smith's Files," use "Director of Marketing Bob Smith's Promotion Planning Files" instead. Make a note of the range of records in the box for future reference.) :			
STATE OF FLORIDA DEPARTMENT OF STATE Division of Library and Information Services Form LS5E200 R 09-2004		Records Storage Box Label	

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