

Lorain County Records Retention Center

320 N. Gateway Blvd.
First Floor
Elyria, OH 44035

Phone: (440) 326-4868
Fax: (440) 326-4869

RECORDS TRANSFER/INTAKE

Completed by Records Center
Intake Personnel Only

Confidential:

** (please include list of authorized persons)

Date Received: _____

Retention Location: _____ / _____ / _____

Tab ID: _____

Audited by: _____

Retention Report Sent by: _____ Date: _____

Date: _____

Form must be completed prior to transfer. Required sections are numbered* see bottom of page.

Department: _____

Box No. (1) _____

Division : _____

Box Prepared By: _____

Contact Phone: _____

Records Series (2)
(from RC 2 Form) _____

Media Type: _____

Records Scanned by your department: ☐ Yes ☐ No

Record Title and Description _____

Inclusive Years or Dates (3)

From: _____ To: _____
Month Day Year Month Day Year

Alphabetic or Numeric Listing (4)

From: _____ To: _____

Retention Period (5) _____

Schedule Number from RC2 form (7) _____

Destruction Date (6) _____
Month Day Year

Records Commission Approval Date (8) _____
Month Day Year

(1) Corresponds to # assigned to box.

(2) Indicates the type of document (record series)

(3) Indicates the dates of enclosed material in box.

(4) Indicate the sequence of the materials in the box.

(5) Scheduled retention period per your approved RC2

(6) Destruction date.

(7) Schedule number from RC 2 Form

(8) Records Commission Approval Date

Please do not overfill boxes. Must be less than 40 lbs.

*Only approved Records Center boxes are accepted
Transfer/Intake forms MUST accompany each box.*

Revised 10/2025

Please make sure there are no binders, metal hanging files or large metal claw clips in the material.