



# HO-CHUNK NATION

Information Technology Department/Records Management Department

## INCOMING RECORDS TRACKING FORM

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_

Box Number(s):

Retention Code:

**Description of Records:**  
(Be Specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE STORED** # of Boxes \_\_\_\_\_

It is understood that the records described above are to be stored by the Records Management Department. Copies will be accessible to authorized personnel from the department they came from, after filling out a DOCUMENT REQUEST FORM.

**Department Personnel Signature**

**Records Personnel Signature**

\_\_\_\_\_

\_\_\_\_\_

To be stored at:

- Vault  
 Warehouse

Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_