CITY OF SPOKANE
NEW RECORDS - INVENTORY FORM

SUBMITTING DEPARTMENT	

PREPARED BY: NAME		PHONE		DATE	

DEPT HEAD NAME		TITLE		PHONE	

BOX # (xx-yyy-zzz)	RECORD SERIES (Title/Contents)	RETENTION AND DISPOSITION ACTION	SCHEDULED DESTRUCTION (Date to Destroy)	DAN (Disposition Authority Number)

Reviewed and Approved: DEPT HEAD SIGNATURE		DATE	

Public Records Management Program Policy – Attachment A
Updated: June 2017