## DISASTER RECOVERY TRANSMITTAL

Texas State Library, State and Local Records Management Division

## **RMD 109** (11/07)

<b>NIVID 109</b> (11/07)								
1. Agency Code	2. Agency and Division Name				3. Pickup/Delivery Location			
4. Pickup Date	5. Agency Representative (Signature)		6. No. of Cont	tainers	7. Container Type	8. Return Date 9	. RMD Approval No.	
10. Locator No.	11. Agency Container No.				12. Description of Records			
(RMD USE ONLY)								
INSTRUCTIONS FOR COMPLETING FORM RMD 109 (Data Recovery Transmittal)								
1. Agency Code - Enter the three-digit agency code assigned by the Comptroller of Public Accounts.								
2. Agency and Division Name - Enter agency and division name. You may enter department and/or section name if so desired.								
3. Pickup/Delivery Location - Enter the location where the containers are to be picked up and/or delivered.								
4. Pickup Date - Enter the date the containers are to be picked up by Records Center staff.								
5. Agency Representative - Signature of the agency representative authorizing the transfer of the containers to the Records Center.								
6. No. of Containers - Enter the total number of containers in this transfer.								
7. Container Type - Enter the type of container. If the standard Records Center box is used, enter RC; if the standard magnetic/electronic media container is used, enter MT.								
8. Return Date - Enter the date the containers are to be returned to your agency.								
9. Enter the RMD Approval Number from the appropriate RMD 113, Data Recovery Service Approval Form.								
10. Locator Number - LEAVE BLANK. Number entered by the Records Center Staff								
11. Agency Container No Enter the number from each container you are transferring to the Records Center.								
12. Description of Records - Enter a brief description of the contents of the records being transferred.								
Returned To (Signature)		Date		DMD LIGH	Received By		Date	
remined 10 (Signature)		Date	1	RMD USE	Received By		Date	

ONLY