

Multnomah County

Your Department

Department

Control number from transmittal

Control Number

Your Section

Program or Agency

Series Title (see retention schedule)

Records Series Title

Inclusive dates of records in box

Records Date Range

Series no. (see retention schedule)
Series Number

Optional description. NEVER write PII. Abbreviate names (e.g. Abr - Cha)

Content Description or Range (e.g. A-Z, 1-250, Abr-Gon, etc.)

of total

Box Number

Apply this label to one end of box below handle hole.

Multnomah County

DCHS

Department

1DDSD

Program or Agency

2015-000889

Control Number

Client Service Records

Records Series Title

1/1/15 - 6/30/15

Records Date Range

DD4-001(c)

Series Number

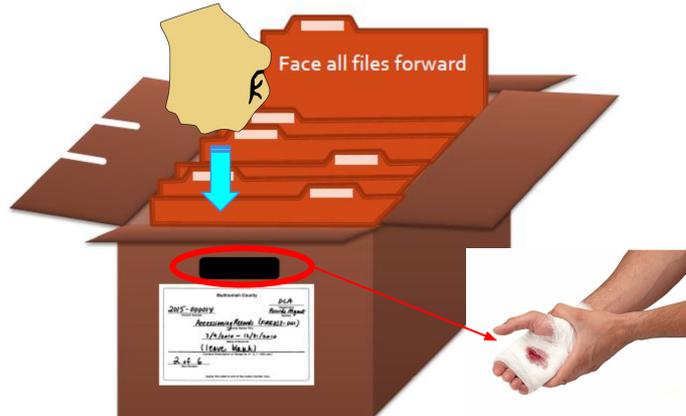
Aba - Nel

Content Description or Range (e.g. A-Z, 1-250, Abr-Gon, etc.)

2 of 6

Box Number

Apply this label to one end of box below handle hole.



Can you easily fit a fist? If not, your box is too dangerous to handle. Remove some files.

Keep handle area clear of binder clips and metal fasteners.