

FLORIDA DEPARTMENT OF STATE Division of Library And Information Services Form LS51807R10-97	TRANSMITTAL/RECEIPT TRANSFER OF PUBLIC RECORDS TO THE FLORIDA STATE ARCHIVES	1. Record Group _____ Series No. _____						
2. Agency:		3. Division:						
4. Bureau:								
5. Address:		6. Contact (Name and Telephone Number):						
7. Scope Dates:	8. Record Series Title:	9. Schedule & Item Number:						
10. Description: <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%; text-align: left;">COUNCIL/COMMITTEE/SUBCOMMITTEE</th> <th style="width: 20%; text-align: center;">INCLUSIVE DATES</th> <th style="width: 20%; text-align: center;">NUMBER OF BOXES</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>			COUNCIL/COMMITTEE/SUBCOMMITTEE	INCLUSIVE DATES	NUMBER OF BOXES			
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11. Form of Storage (container type and number): a. <input type="checkbox"/> cartons _____ c. <input type="checkbox"/> transfer files _____ e. <input type="checkbox"/> bound volumes _____ b. <input type="checkbox"/> file drawers _____ d. <input type="checkbox"/> loose papers _____ f. <input type="checkbox"/> other _____								
12. Type of Record (check each type that applies): a. <input type="checkbox"/> paper originals d. <input type="checkbox"/> photographs g. <input type="checkbox"/> computer disks/magnetic tapes b. <input type="checkbox"/> printed matter e. <input type="checkbox"/> microfilm h. <input type="checkbox"/> 3-dimensional objects c. <input type="checkbox"/> maps, blueprints f. <input type="checkbox"/> motion picture i. <input type="checkbox"/> other _____								
13. Physical Condition of Records:								
14. Restrictions on Use (cite applicable statute):								
15. The above-described public records are transferred to the custody of the Division of Library and Information Services (Florida State Archives) in accordance with the conditions shown on the reverse of this Transmittal/Receipt. (Section 257.35(2) F.S.)								
15a. Transmitting Agency:		15b. FLORIDA STATE ARCHIVES						
I authorize the transfer of the records herein described.		I accept custody of the records herein described.						
_____	_____	_____						
Signature	Date	Division Director						
_____	_____	_____						
Type Name and Title		State Archivist						
		Date						

**CONDITIONS OF TRANSFER OF CUSTODY
OF PUBLIC RECORDS TO FLORIDA STATE ARCHIVES**

The public records described on the reverse of this form are transferred to the custody of the Division of Library and Information Services, Department of State, for preservation and public accessibility by the Florida State Archives. The following conditions apply to the transfer:

1. Title to the records shall be vested in the Division of Library and Information Services. (Section 257.35(3), F.S.)
2. The records shall be open to inspection and examination by the public unless prohibited by law. (Section 119.07, F.S.)
3. Records transferred to the Archives shall not be removed from the Archives unless a recommendation for disposition of this accession is made as a result of archival re-evaluation. Such disposition will be made only after prior approval of the agency and with the written authorization of the Director of Library and Information Services, in accordance with the disposition provisions and procedures covered by Chapter 257, Florida Statutes.
4. The Florida State Archives shall house and maintain the records according to accepted archival principles and procedures to ensure both preservation and accessibility to researchers.
5. Researchers using the materials will be supplied copies, upon request, of any items from the records, in accordance with the policies of the Florida State Archives, unless such photocopying or other reproduction is specifically prohibited by law or would be detrimental to the records.