**SECURITY MICROFILM TRANSMITTAL AND RECEIPT**

|  |  |
| --- | --- |
|  | ***(To Be Completed by State Archives)*****Date Film Received** |
| PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION |  |
| BUREAU OF THE PENNSYLVANIA STATE ARCHIVES | **Signature** |
| 1681 NORTH 6TH ST. |  |
| HARRISBURG, PA 17102 | **Title** |
|  |  |
|  | **Transfer # Loc. Code**  |
|  |  |
|  |  |
| **SUBDIVISION:** | **2. TRANSFERRING OFFICE (Signature and Date)** |
|  |  |
|  |  |
| **OFFICE:** | **3. OFFICE CONTACT PERSON AND PHONE NUMBER:** |
|  |  |
|  |  |
| **DEPARTMENT:** | **4. FILM SIZE AND FORM:** |
|  |  |
|  |  |
| **ADDRESS:** | **5. NUMBER OF ROLLS:** |
|  |  |
|  |  |

| **CNTY:**  | **OFFICE:**  | **DEPT.:**  | **DATE:**  |
| --- | --- | --- | --- |
|  | **For Archives Use** |  |
| **Roll No.** | **7. ABN** | **8. ARN** | **9. S** |  **10. SERIES TITLE:**  |
|  |  |  |  | ***(Contents and Dates)*** |
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