

ARCHIVES RECORDS TRANSMITTAL & BOX CONTENT LIST

| Archives Use Only | Rec'd By | Date | Total C.F. | Accession Number |
|----------------------|----------|------|------------|------------------|
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| Name of Agency Marble Island Public Safety | Office / Sub-Division Administration | | Records Officer Les Melton | | |
|---|---|---|-------------------------------|--|--|
| Records Officer Telephone Number (206) 784-5425 | | Records Officer E-mail Les.melton@mips.gov | | | |
| Any Statutory Restrictions or Exemptions? Yes \Box No \Box If yes, please list applicable RCW or rule that restricts access to files, or portions of files, in the table below | | | | | |

| Location | Box/Vol#/ Reel#/Barcode | Record Series / File Title | Dates | DAN | |
|----------|----------------------------|--|---------------------------------|------------|--|
| | 1 of 3 | Marble Island Public Safety Uniform Crime reports and other Miscellaneous Statistical Reports on Crime | 1987-1991 | LE03-01-47 | |
| | 2 of 3 | Uniform Crime reports and other Miscellaneous Statistical Reports on Crime | 1992-1995- July 1998 | | |
| | 3 of 3 | Uniform Crime reports and other Miscellaneous Statistical Reports on Crime | Aug 1998- 2001/2010- 2011 | | |
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TRANSFER OF CUSTODY AGREEMENT

Agency hereby transfers the authentic records listed above to the custody and jurisdiction of the Washington State Archives. Except as noted above, the records have been in Agency's custody for the duration of their existence and are not subject to statutory exemption or other restriction. Archives and Agency concur that any records subject to statutory exemption or other restriction have sufficient historical, legal and/or fiscal value to warrant making them publicly accessible after passage of the requisite period of time, per 40.14 RCW. The records will become and remain the property of the State of Washington and will be stored, referenced, managed and disposed of in accordance with applicable laws and regulations, the policies and procedures of the Division of Archives and Records Management, and the instructions of the State Archivist.

| Signature of Agency Official | Date | Signature of Archivist | Date |
|------------------------------|------|------------------------|------|
| Signature of Agency Official | Date | | Date |