



WILLIAMS RECORDS MANAGEMENT
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FILEFOLDER INFORMATION TRANSMITTAL

CONFIRMATION NO.

PLEASE PRINT CLEARLY

ACCOUNT NAME	CONTACT NAME & PHONE NUMBER	WRM #	DATE	PAGE	OF
<input type="checkbox"/> Refile	WRM Filefolder Control Number (Required)	File In - WRM Container ID (Required)	File In - Alternate Container ID (Optional)	Filefolder Description (Optional)	
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