

NOTICE OF DESTRUCTION OF COUNTY / LOCAL GOVERNMENT RECORDS IN ACCORDANCE WITH AN APPROVED RETENTION SCHEDULE

State Form 44905 (R8 / 4-20)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION COUNTY / LOCAL RECORDS MANAGEMENT

402 West Washington Street, Room W472
Indianapolis, Indiana 46204
Telephone: 317 232-3380
E-mail: cty@iara.in.gov

County

Date signed (month, day, year)

Date records destroyed (month, day, year)

This form is to be used only for documenting the destruction of records as scheduled on an approved county / local records retention schedule.

For: a) requests to dispose of records not listed on a retention schedule, or b) requests to transfer records listed on a retention schedule as PERMANENT to a local historical entity (instead of maintaining them in the originating office or transferring them to the Indiana Archives), use State Form 30505, Request for Exception to County / Local Retention Schedule or Permission to Dispose of Unscheduled County/Local Public Records (PR-1).

INSTRUCTIONS.

Name of office

Signature of official destroying records

Printed name of official destroying records

- . Complete ALL Contact and Record Series Information fields. Record Series Number is REQUIRED for all records listed.
 - a. If you do not know the Record Series Number, contact IARA's County/Local Records Management section for more information.
 - b. If the records do not have a Record Series Number, use State Form 30505 as described above.
- 2. Send one (1) copy to IARA's County/Local Records Management Section at the address listed above. IARA will respond ONLY if there is a question or problem with the information on the form.
- 3. Delay destruction for thirty (30) days. If there is no contact from IARA within that time, the records may be destroyed.

CONTACT INFORMATION

- 4. Complete the Destruction Information fields.
- Send one (1) copy of the completed form to the secretary of your County Commission of Public Records, and retain one (1) for your records.

Date submitted to IARA (month, day, year)

| Address (number and street) | | City | | | ZIP code |
|---|---|------|------------------------------------|----------------|---------------------------------------|
| Name of contact person To | elephone number) | | | E-mail address | |
| | | | | | |
| RECORD SERIES INFORMATION | | | | | |
| RECORD SERIES TITLE OF RECORDS TO BE DESTROYED | DATE RANGE OF RECORDS (m/yyyy to m/yyyy) | | RECORD SERIES NUMBER (REQUIRED) | | VOLUME (number of boxes, rolls, etc.) |
| | to | | | | |
| | | | | | |
| DESTRUCTION INFORMATION | | | | | |
| These records were destroyed according to a retention schedule approved for use by the Indiana Oversight Committee on Public Records. | | | | | |

Position