**Request for Records Disposal or Transfer Authorization**

**RM60**

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| **ENTITY:**       | **PHONE:** (     )      | **E-MAIL:** |
| **CONTACT:** |  |  |
| **ADDRESS:**       |  | **DISPOSAL NUMBER:** |

**E-MAIL COMPLETED FORM** **TO:** SOSLocalGovtRecCom@mt.gov OR Mail to the Local Government Records Committee, c/o Department of Administration-Local Government Services, P.O. Box 200547, Helena, MT 59620-0547

**\*Confidential:** The local government entity must determine if records are confidential or sensitive and mark accordingly.

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| **Schedule #**  |  **Item #** | **Page #** | **Description of Records****(Include description from schedule along with the case # or other identifying information pertinent to your office)** | **Inclusive Dates****MONTH AND YEAR**  | **Confidential \*** | **10 Year Rule** |  **Disposal****Approval****(Committee****only)** | **Agency****Comments** | **Audit History or Committee Comments** |
|  |  |  |  |  **From** |  **To** |  |  | **Yes** | **No** |  |  |
|  4 | 4 |  | Example: Bank Statements | 10/2001 | 10/2002 |  | X | X |  |  |  |
| 8 |  32 | MR13 | Example: Commission Records-Minutes | 01/1950 | 10/1990 |  | X | X |  | Microfilmed |  |
| 12 | 41e |  | Example: Marriage Licenses | 08/1907 | 09/1972 |  | X |  | X |  |  |
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| **In accordance with 2-6-1202, 7-5-2132, 7-5-4124 and 20-1-212 and upon the order of the governing body, we the undersigned affirm the records listed on this disposal request are not subject to any litigation, legal or regulatory hold, and any financial records listed have been audited. See Notification on Central Registry (Ten Year Rule) below**. |
| **Authorized Local Government Representative:****Name:****Signature:** | **Date:** | **Phone:****(****)** |
| **Records Custodian:****Name:****Signature:** | **Date:** | **Phone:****(     )** |
| **LOCAL GOVERNMENT SUBCOMMITTEE SIGNATURES REQUIRED FOR DISPOSAL APPROVAL** |
| **Department of Administration Committee Member:****Name:****Signature:** | **Date:** |
| **Montana Historical Society Committee Member:****Name:****Signature:** | **Date:** |
| **Local Government Committee Member:****Name:** **Signature:**  | **Date:**  |
|  **NOTIFICATION ON CENTRAL REGISTRY**Per MCA 2-6-1205, public records listed on this form that more than ten (10) years old and are approved for disposal may not be destroyed until they have been listed on a central registry and offered to various agencies and the public for 60 days.   |
| Request for Records Disposal or Transfer Authorization have been listed on the central registry. **Completed by****Name:      Signature:** | **Unclaimed records may be disposed 60 days after this date:** |
| **TEN YEAR RULE:**Public records more than ten (10) years old approved for destruction may not be destroyed for 60 days after the date listed on the central registry.  |
| **Certificate of Transfer/Destruction/Disposition Comments**  |
|       |
| I hereby attest that I have destroyed, transferred or retained records as designated by the Local Government Subcommittee. If transferred, I have noted in the “Comments” field above, the entity to which the records have been relocated.**Name:      Title:      Date:****Signature:** |

RM60 Rev 6 11/4/2015