

MONTANA LOCAL GOVERNMENT RETENTION SCHEDULE**REQUEST FOR CHANGE IN RECORDS SCHEDULE**

SCHEDULE #		AGENCY/ DEPT. NAME			
Send to:	DOA Local Government Services Bureau C/O Local Government Records Committee PO Box 200547 Helena, MT 59620-0547				
From:	Name			County	
	Address or PO Box				
	City			MT	Zip
	Phone	406-	E-mail address:		
INSTRUCTIONS					
Use this form to request a change in the Records Retention Schedule governing the records of your agency. Submit the signed original, and keep a copy for your file. The proposed change will be submitted to the Local Government Records Committee for its next Bi-annual meeting, regularly held on the 3 rd Thursday in April or Oct. , 20__. You will be notified of the committee action shortly thereafter.					
1.	CHANGE REQUESTED Put an X in front of the change you are requesting. Enter Page and Item #				
	<input type="checkbox"/>	Add a new item-you must include a retention time	<input type="checkbox"/>	Change a retention time	Page #
	<input type="checkbox"/>	Delete an existing item	Page #	Item #	
	<input type="checkbox"/>			Change an existing item	Page #
	<input type="checkbox"/>				Item #
2.	RECORD SERIES TITLE: If the series is called by multiple names, include all of them.				
3.	DESCRIPTION OF RECORD SERIES: Function- why the series exists, process performed. Content- Correspondence, reports, applications, financial, etc.				
4.	CHANGE/DELETE AN EXISTING ITEM: Describe what changes/deletions you are requesting and the reason.				
5.	PROPOSED RETENTION TIME:		_____ New Item	_____ Change Existing time	
Be specific-how long must the records be kept before disposition: What criteria were used to determine the retention time?					
Are there State or Federal regulations that apply to the retention time? ___ Yes ___ No If so, list them.					
6.	COMMENTS: add comments on page 2				
ASSOCIATION RECORDS COMMITTEE APPROVAL: Have these proposed changes been reviewed and agreed on by your Association's Record Retention Schedule Committee? _____ Yes _____ No					

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Requested by:					
	Signature		Title		Date
	Phone	Address			email address
LGRC	Reviewed on:		Action:	Approved	Other:
This Request for Change In Records Retention Schedule		#	was reviewed by the following members of the		
Add Entity Name:					
Association's Review Committee and agreed on by us on:				Date:	
List Committee members names, titles, and locations below:					
Name and Title			from: City or County		
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
Comments:					
Submitted by:		Name	County		
		Title			
Address or PO Box					
City		MT		Zip	
Phone		406-	E-mail address:		