Request for Records Disposal or Transfer Authorization RM60

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.

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 *		Disposal Approval (Committee only)		Agency Comments	Audit History or Committee Comments
				From	То	Confic	10 Ye	Yes	No		
4	4		Example: Bank Statements	10/2001	10/2002		Х	Х			
8	32	MR13	Example: Commission Records-Minutes	01/1950	10/1990		Х	х		Microfilmed	
12	41e		Example: Marriage Licenses	08/1907	09/1972		Х		Х		
											Retain 1 year after expiration of
											permit; destroy.

In accordance with 2-6-1202, 7-5-2132, 7-5-4124 and 20-1-212 and upon the	order of the governi	ing body, we the u	ndersigned affirm the records listed on this				
disposal request are not subject to any litigation, legal or regulatory hold, an	•	rds listed have bee	n audited. See Notification on Central				
Registry (Ten Year Rule) below. Typed name below is acceptable as the signa	ature.						
	1	T					
Authorized Local Government Representative:	Date:	Phone:					
Name:							
Title:							
Records Custodian:	Date:	Phone:					
Name:							
Title:							
LOCAL GOVERNMENT SUBCOMMITTEE SI	GNATURES REQUI	RED FOR DISPOSA	AL APPROVAL				
Department of Administration Committee Member:							
Name: Tami Gunlock Signature:	Date:	06/08/2022					
Signature:							
Montana Historical Society Committee Member:							
Name:	Date:	10/6/2022					
Signature:							
Local Government Committee Member:							
Name:			Date:				
Signature:							
			9/6/2022				
NOTIFICATION O	N CENTRAL REGIST	ΓRY					
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	<u> </u>	•	Unclaimed records may be disposed 60				
Completed by 1 7.	S	•	days after this date:				
Name: Andy Ritter Signature:			12/12/2022				
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 Governmer	nt Subcommittee. If transferred, I have				
noted in the "Comments" field above, the entity to which the records h	ave been relocated	1 .					
Name: Title:		Date:					
Signature:							