## Request for Records Disposal or Transfer Authorization RM60

ENTITY: City of Boulder	PHONE: 406-225-3381	E-MAIL: cityofboulder@cityofbouldermt.com			
CONTACT: Ellen Harne					
ADDRESS: 304 N. Main Street/ PO Box 68 Boulder MT 59632		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		ential *	10 Year Rule	Disposal Approval (Committee only)		Agency Comments	Audit History or Committee Comments
				From	То	Confidential	10 Yea	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		x		
8	5#3	126	Laboratory checks and control checks for drinking water	01/1989	12/1999		Ø,				
8	5	48	General Receipts	01/1999	12/2000		<b>□</b>	×			Retain 5 years
						0					
								0			

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. Typed name below is acceptable as the signature.							
	1-	l ni	400 005 0004				
Authorized Local Government-Representative: Date: 05/11/2022			Phone: 406-225-3381				
Name: Rosemary Perna							
Title: Accounting Assistant							
Records Custodian:	Date: 05/12/2022	Phone: 4	106-225-3381				
Name: Ellen Harne	li i						
Title: City Clerk Callett Parke	:=						
LOCAL GOVERNMENT SUBCOMMITTEE S	SIGNATURES REQUIRED FO	R DISPOSA	L APPROVAL				
Department of Administration Committee Member:							
Name: Daniel Bradford Obrien	Mard Chrism	Date:	Date: 05/17/2022				
Name: Daniel Bradford Obrien Daniel Brade Signature:							
Montana Historical Society Committee Member:							
Name: Richard R. Aarstad			Date: 10/06/2022				
Signature:							
Local Government Committee Member:							
Name:			Date:				
Signature: ///////			9/6/2022				
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 liste	ed on the central registry.		Unclaimed records m	ay be disposed 60			
Completed by Name: Signature: Signature:			days after this date:	12/12/2022			
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 a	s designated by the Local G	overnment	t Subcommittee. If trans	ferred, I have			
noted in the "Comments" field above, the entity to which the records have been relocated.							
Name: Title:		Date:					
Signature:							