Request for Records Disposal or Transfer Authorization RECEIVED **RM60**

MAR 3 0 2022

		RISK & BENEFITS
ENTITY: RISK BENEFIT	PHONE: (406) 258-3457	E-MAIL: blabelle@missoulacounty.us
CONTACT: Betty Labelle		
ADDRESS: Missoula County Record Management. 200 W Broadway, Missoula MT 59802		DISPOSAL NUMBER: 2022-03

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 *	r Rule	Disposal Approval (Committee only)		Agency Comments	Audit History or Committee Comments
				From	То	Confid	10 Year	Yes	No		
4	4-		Example: Bank Statements	10/2001	10/2002	_	x	х			
8	32	MR13	Example: Commission Records-Minutes	01/1950	10/1990		x	×		Microfilmed	
12	41e		Example: Marriage Licenses	08/1907	09/1972		х		x		
24	32L	8	1099	1/2009	12/2011			×			4 years
24	32K	8	CLAIMS BATCH MEDICAL/DENTAL	7/2015	12/2015			X			6 years
24	29	7	ENROLLMENTS	1/2007	12/2011			×			0 years after termination
24	32K	8	FLEX CLAIMS (A TO Z)	1/2015	12/2015			×			6 years
		<u> </u>	TERMS	1/2006	12/2009						
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In assordance 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 an	y financial records listed ha	ive been au	udited. See Notification on Central Registry				
(Ten Year Rule below.		ļ	RECEIVED				
Acting Chair Authorized Local Government Representative Name: Josh Slotnick		1	MAR 3 U 2022				
Authorized Local Government Representative Name: Josh Stotnick	Date:	Phone:					
Signature:	7/21/22		258-3202 SK & BENFFITS				
Records Custodian:	Date:	Phone: `'					
Name: REBECCA MILLER	04/07/2022	()					
Signature: Library	12.22.		<u> </u>				
LOCAL GOVERNMENT SUBCOMMITTEE SIGN	ATURES REQUIRED FOR	DISPOSA	L APPROVAL				
Department of Administration Committee Member:	1	Date:					
Name: Tami Gunlock	Gunlock	0	5/03/2022				
Signature:	Jumos						
Montana Historical Society Committee Member:		Date:	•				
Name: Richard R. Aarstad ()		05/23/2022					
Signature: Living K. William			00,20,2022				
Local Government Committee Member:		Date:					
Name:			9/6/2022				
Signature:			9/0/2022				
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 listed or	the central registry.	1	Unclaimed records may be disposed 60				
Completed by Andy Ritter	days after this date: 12/12/2022						
Name: Signature: /W// 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 Government Subcommittee. If transferred, I have							
noted in the "Comments" field above, the entity to which the records have	e been relocated.						
Name: Title:		Date:					
Signature:							

Request for Records Disposal or Transfer Authorization RM60

ENTITY: TREASURER	PHONE: (406) 258-3457	E-MAIL: blabelle@missoulacounty.us
CONTACT: Betty Labelle		
ADDRESS: Missoula County Record Management. 200 W Broadway, Missoula MT 59802		DISPOSAL NUMBER: 2022-15

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	<u>.</u> .			•	-						
4	24	2	ASSIGNMENTS (1001 TO 2135)	7/1981	8/1991	口	×			,	
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(Ten Year Rule below.							
Acting Chair	,						
Authorized Local Government Representative Name:	Date:	Phone:					
Signature: Can Strohnor	4/8/22	(406)	258-4877				
Records Custodian:	Date:	Phone:					
Name: KIM SEEBERGER	Q	(,)					
Signature: S	4-4-22	406)	ass-3466				
LOCAL GOVERNMENT SUBCOMMITTEE SIG	NATURES REQUIRED FOR	DISPOS	AL APPROVAL				
Department of Administration Committee Member:		Date:					
Name:							
Signature:							
Montana Historical Society Committee Member:		Date:					
Name:		!					
Signature:							
Local Government Committee Member:		Date:					
Name:							
Signature:		9/6/2022					
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Completed by		days after this date:					
Name: Signature:							
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