

Request for Records Disposal or Transfer Authorization

RM60

ENTITY:	PHONE:	E-MAIL:
CONTACT:		
ADDRESS:		

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	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		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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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. Typed name below is acceptable as the signature.

Authorized Local Government Representative: Name: Title:	Date:	Phone:
Records Custodian: Name: Title:	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:
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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: _____
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