



NOTICE OF CHANGE OF AGENCY FORMS COORDINATOR

State Form 57302 (R / 4-24)

Indiana Archives and Records Administration

Return completed form to:
fmd@iara.in.gov

IMPORTANT NOTICE: Indiana law [IC 5-15-5.1-10] requires that agencies designate an Agency Forms Coordinator.

SECTION 1: AGENCY INFORMATION

Name of state agency

Address of state agency

SECTION 2: FORMS COORDINATOR INFORMATION

Name of previous coordinator

Name of new coordinator

Signature of new coordinator

Date (*month, day, year*)

Telephone number

E-mail address

SECTION 3: AGENCY HEAD INFORMATION

Name of agency head (or designee)

Signature of agency head (or designee)

Date (*month, day, year*)

Telephone number

E-mail address