



| PART 3 RESPONSE BY THE INDIANA ARCHIVES  |                  |                                |
|--|------------------|--------------------------------|
| <i>Required: To be completed by an Indiana Archives representative before submission to the County Commission of Public Records.</i>   |                  |                                |
| Name of Indiana Archives representative  | Telephone number | E-mail address                 |
| <input type="checkbox"/> The Indiana Archives <b>wishes</b> to procure the records described in Part 2.<br><input type="checkbox"/> The Indiana Archives <b>does not wish</b> to procure any of the records described in Part 2. |                  |                                |
| List all records you wish to procure below. Write "All" if you wish to procure all records listed in Part 2.   |                  |                                |
| Signature of Indiana Archives representative   |                  | Date signed (month, day, year) |

| PART 4 ACTION BY THE INDIANA ARCHIVES  |                  |                                |
|--|------------------|--------------------------------|
| <i>Required: To be completed by an Indiana Archives representative before submission to the County Commission of Public Records.</i>   |                  |                                |
| Name of Indiana Archives representative  | Telephone number | E-mail address                 |
| <input type="checkbox"/> The Indiana Archives <b>approves</b> the request to destroy the records described in Part 2.<br><input type="checkbox"/> The Indiana Archives <b>denies</b> the request to destroy the records described in Part 2. |                  |                                |
| List any limitations, exceptions, or reasons for denial below:   |                  |                                |
| Signature of Indiana Archives representative   |                  | Date signed (month, day, year) |

| PART 5 RESPONSE FROM GENEALOGICAL / HISTORICAL ENTITY  |                  |                |
|--|------------------|----------------|
| <i>Required: To be completed by a representative of each active genealogical / historical entity of the county, before submission to the County Commission of Public Records</i>                             |                  |                |
| Name of genealogical / historical entity representative  | Telephone number | E-mail address |
| Office address of genealogical / historical entity representative (number and street, city, state, and ZIP code)   |                  |                |
| <input type="checkbox"/> Our entity <b>wishes</b> to procure the records described in Part 2.<br><input type="checkbox"/> Our entity <b>does not wish</b> to procure any of the records described in Part 2. |                  |                |
| List all records you wish to procure below. Write "All" if you wish to procure all records listed in Part 2.   |                  |                |

| PART 6 FINAL ACTION BY THE COUNTY COMMISSION OF PUBLIC RECORDS   |  |                                |
|--|--|--------------------------------|
| <i>Required: To be completed by the Secretary of the County Commission after receipt of this form with Parts 1 - 5 completed. One copy to be sent to the requestor. One copy to be recorded with the minutes of the County Commission on Public Records.</i>   |  |                                |
| Name of Secretary of County Commission of Public Records   | Telephone number   | E-mail address                 |
| Office address of Secretary of County Commission of Public Records (number and street, city, state, and ZIP code)  |  |                                |
| <input type="checkbox"/> The County Commission of Public Records <b>approves</b> the request to destroy or transfer the records described in Part 2.<br><input type="checkbox"/> The County Commission of Public Records <b>denies</b> the request to destroy or transfer these records described in Part 2. |  |                                |
| List any limitations, exceptions, or reasons for denial below:   |  |                                |
| Signature of Secretary of County Commission of Public Records  |  | Date signed (month, day, year) |
| Name of County Commission of Public Records Chairperson  | Signature of County Commission of Public Records Chairperson | Date signed (month, day, year) |