

REQUEST FOR PERMISSION TO DESTROY OR TRANSFER CERTAIN PUBLIC RECORDS (PR-1)

State Form 30505 (R6 / 6-15)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION

402 West Washington Street, Room W472 Indianapolis, Indiana 46204 Telephone: 317-232-3380 cty@iara.in.gov

INSTRUCTIONS:

- 1. Prepare in quintuplicate (five (5) copies).
- 2. The original and three (3) copies must be filed with the County Commission of Public Records and a copy retained by the originating agency.
- 3. Upon approval by the County Commission, the Secretary must forward one (1) copy to the Indiana Archives and Records Administration at the above address; one (1) copy to the county historical society (if any); and retain the original and one (1) copy for sixty (60) days, during which time the records may be procured by an active genealogical or historical society of the county or by the Indiana Archives and Records Administration, State Archives Division.
- 4. Upon the expiration of sixty (60) days the copy retained shall be forwarded to the agency, as authority to dispose of the records in accordance with the action thereon by the County Commission.
- 5. The original shall be preserved as a part of the minutes of the County Commission.

RECORDS MEASUREMENT TABLE

- 1 Archives box (10" x 12" x 15") inside = 1 cubic foot of records
- 1 Letter size file drawer = 1 1/2 cubic feet of records
- 1 Legal size file drawer = 1 1/2 cubic feet of records
- 1 Number 11 record transfer box = 2 cubic feet of records

- 1 Linear foot of 8 1/2" x 14" documents = 1 cubic foot
- 1 Linear foot of 8 1/2" a 11" documents = 4/5 cubic feet
- 1 Linear foot of tab cards = 1/6 cubic feet
- 1 Linear foot of 3" x 5" cards = 1/9 cubic feet

TO BE COMPI	LETED BY THE OF	RIGINATING A	GENCY OR OFFICE.	
Name of government agency				Date (month, day, year)
Address of government agency (number and street, city, state, and	ZIP code)			
Name of contact person	Telephone number		E-mail address	
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Type of request (check one) Request to destroy Request to transfer to:	Request to microfile	m and destroy	Request to dest	roy previously microfilmed originals
TO: Secretary, Commission of Public Records, of			Cour	ity, Indiana
NAME OR DESCRIPTION OF RECORDS		VOLUME OF RECORDS (See records measurement table.)		DATE OF RECORDS (month, day, year)
All of the above records have met their retention require have been audited by the State Board of Accounts for the unsettled charges.				
Approved by:	Title	Title		Date (month, day, year)
Requested by:	Title	Title		Date (month, day, year)

ACTION BY THE COUNTY COMMISSION OF PUBLIC RECORDS					
TO (name of government agency):					
You are hereby notified that your request to destroy or otherwise dispose of the public records listed thereon was approved by the County Commission of Public Records at a meeting held this date, subject to the following limitations or exceptions:					
In the event that a genealogical or historical society in or of the county, or the Indiana Archives and Records not procure all or part of these public records within the sixty (60) day period required by IC 5-15-6-7, these p disposed of by authority of the County Commission of Public Records.					
Signature of Chairman of County Commission of Public Records	Date signed (month, day, year)				
ATTEST - Signature of Secretary	Date after which public records may be destroyed (Sixty (60) days after above date)				
NOTIFICATION BY GENEALOGICAL OR HISTORICAL SOCIETY OR INDIANA ARCHIVES AND RECORDS ADMINISTRATION, STATE ARCHIVES DIVISION, TO PROCURE RECORDS					
You are further notified that:					
1. No written statement has been received from any genealogical or historical society or the Indiana Archives and Records Administration, State Archives Division, to procure any of such records.					
2. A written statement has been received from of its intent to procure the following records:					
Signature of secretary	Date signed (month, day, year)				