

REQUEST FOR PERMISSION TO DESTROY CERTAIN PUBLIC RECORDS (PR-1A) State Form 30505 (R10 / 4-23)

Contact the Indiana Archives and Records Administration at cty@iara.in.gov before filling out this form.

Parts 1 - 5 must be completed prior to submitting to the Secretary of the County Commission on Public Records.

PART 1		TION					
To be completed by originating government agency or active generation and address of originating government agency or genealogical / h				on to destroy certain public records.			
		Street, City, State, and ZIP Cou	e)				
Name of originating government agency or genealogical / historical entity representative		Telephone number	E- mail	E- mail address			
Signature of originating government agency or genealogical / historical entity representative				Date (month, day, year)			
PART 2	DESTRUCTION REQU	EST					
Note: Public records with disclosure restrictions must be destroyed in such a manner that they cannot be read or recreated in accordance with IC 5-15-5.1-13, and may only be destroyed by the originating government agency or with written permission from the Indiana Archives. Public records may not be sold.							
Destroy (<i>select one</i>): Nonscheduled records							
Method of destruction (<i>select one</i>):							
Shredding Incineration Other method approved	by the Indiana Archives	·					
		DS TO BE DESTROYED					
If you need additional space, make as many copies as necessa							
NAME OR DESCRIPTION OF RECORDS (record series number is required for records on a retention schedule)	_	UME OF RECORDS s, folders, film rolls, data, et ce	tera)	DATE RANGE OF RECORDS (month / year to month / year)			
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PART 3 RES	SPONSE BY	THE INDIANA ARCH	IVES			
Required: To be completed by an Indiana Archives representa	ative before su	bmission to the Coun	ty Commissi	on of Public Re	cords.	
Name of Indiana Archives representative	Telephone nu		-	E-mail address		
The Indiana Archives wishes to procure the records descr	ribed in Part 2					
The Indiana Archives does not wish to procure any of the	e records desc	ribed in Part 2.				
List all records you wish to procure below. Write "All" if you wish to proc	cure all records	listed in Part 2.				
Signature of Indiana Archives representative					Date signed (month, day, year)	
PART 4 AC	TION BY THE	INDIANA ARCHIVE	S			
Required: To be completed by an Indiana Archives representa	ative before su	bmission to the Coun	-		cords.	
Name of Indiana Archives representative	Telephone nu	mber	E-mail add	dress		
The Indiana Archives approves the request to destroy the	e records desc	ribed in Part 2.	•			
The Indiana Archives denies the request to destroy the re-						
List any limitations, exceptions, or reasons for denial below:						
Signature of Indiana Archives representative					Date signed (month, day, year)	
PART 5 RESPONSE F		LOGICAL / HISTORI	CAL ENTITY	1		
Required: To be completed by a representative of each active g	genealogical / h	nistorical entity of the o	countv. before	e submission to	the County Commission of Public	
Records		-				
Records Name of genealogical / historical entity representative		ephone number		E-mail address		
Name of genealogical / historical entity representative	Tel	ephone number				
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