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

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

SECTION 1: AGENCY INFORMATION		
Name of state agency		
Address of state agency		
SECTION 2: RECORDS COORDINATOR INFORMATION		
Name of new coordinator		
Signature of new coordinator		Date (month, day, year)
Signature of new coordinator		Date (month, day, year)
Telephone number	E-mail address	
SECTION 3: AGENCY HEAD INFORMATION		
Name of agency head	TO TIERS IN CHIRATION	
Signature of agency head		Date (month, day, year)
Telephone number	E-mail address	