



RECORDS DISPOSITION NOTIFICATION

State Form 16 (R16 / 9-19)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION
INDIANA STATE RECORDS CENTER
 6400 East 30th Street
 Indianapolis, IN 46219
 Telephone: (317) 591-5326
 E-mail: recordscenter@iara.in.gov

- INSTRUCTIONS:**
1. Please type or print legibly.
 2. Forward completed notification to address in the upper right corner of this form.
 3. Signature must be signed by hand.
 4. If this notification was sent to you by the Records Center, you have six (6) weeks to respond. Otherwise, the records will be destroyed automatically. You may fill out State Form 47167, "Do Not Destroy Records," and send to the Records Center along with this State Form 16, "Records Destruction Notification," if the records are not to be destroyed.

These records will be destroyed in accordance with IC 5-15-5.1 and current retention schedule.

NOTE: Items marked with an asterisk (*) are required for billing purposes.

AGENCY INFORMATION

Name of agency		Name of division	
Signature of Agency Records Coordinator			Date of signature (month, day, year)
Printed name of Agency Records Coordinator			

RECORDS INFORMATION

Records series number	Records series title	Latest date of records (month and year)	
Disposition due date (month, day, year)	Total cubic feet of records	Disposition: <input type="checkbox"/> Transfer to Archives <input type="checkbox"/> Destroy	
Type of media <input type="checkbox"/> Paper <input type="checkbox"/> Electronic (digital file) <input type="checkbox"/> Film <input type="checkbox"/> Electronic (physical media)	Container / box number(s)	Location	Accession number (if applicable)

DESTRUCTION REQUEST

Request destruction by Records Center? <input type="checkbox"/> Yes <input type="checkbox"/> No				Request for shredding? <input type="checkbox"/> Yes <input type="checkbox"/> No				Project number	
Activity number	Source number	Category number	Sub-category number	Locality number	Business unit *	Fund *	Department *	Program number *	
If records will be destroyed by agency, please sign.						Date of destruction (month, day, year)			
Printed name									

FOR RECORDS CENTER USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (see attached for explanation) <input type="checkbox"/> Transfer to State Archives (do not destroy)	
Signature of Records Center staff	Date of signature (month, day, year)
Printed name of Records Center staff	

DISTRIBUTION: White – Records Center (file); Canary – Agency after disposal of records; Pink – Records Center transmittal; Goldenrod – With records