



# RECORDS DESTRUCTION NOTIFICATION

State Form 16 (R17 / 1-25)

**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](mailto:recordscenter@iara.in.gov)

### INSTRUCTIONS:

1. Review sections 1 and 2 for accuracy.
2. Complete section 3 and return to [recordscenter@iara.in.gov](mailto:recordscenter@iara.in.gov).
3. Retain your copy of the completed form under [Record Series GRREC-2](#).

You have six (6) weeks to respond. If you do not respond within six (6) weeks, the records will be destroyed or shredded.

SECTION 1: AGENCY INFORMATION	
Name of agency	
Name of division	
Name of Agency Records Coordinator	

SECTION 2: RECORDS INFORMATION		
The following records will be destroyed in accordance with IC 5-15-5.1 and current Oversight Committee on Public Records approved retention and disposition schedule.		
Records series number	Records series title	
Disposition due date ( <i>month, day, year</i> )	Total cubic feet of records	Latest date of records ( <i>month and year</i> )
Container / box number(s)	Location	Accession number ( <i>if applicable</i> )

SECTION 3: AGENCY APPROVAL OF DESTRUCTION			
What type of destruction request is this?			
<input type="checkbox"/> Option 1: Destruction of records located in the Records Center <input type="checkbox"/> Option 2: Arranged pick up and destruction of records located in your agency <input type="checkbox"/> Option 3: Shredding of records located in the Records Center			
Signature of Agency Records Coordinator			Date of signature ( <i>month, day, year</i> )
If you checked Option 3, please provide the following billing information.			
Business unit *	Fund *	Department *	Program number *

SECTION 4: AGENCY DENIAL OF DESTRUCTION	
Reason records may not be destroyed ( <i>check one</i> ):	
<input type="checkbox"/> State Audit Pending <input type="checkbox"/> State / Federal Litigation Pending ( <i>attach a copy of the court order</i> ) <input type="checkbox"/> Federal Audit Pending <input type="checkbox"/> Other: _____	
Requested new destruction date ( <i>month, day, year</i> )	
Signature of Agency Records Coordinator	Date of signature ( <i>month, day, year</i> )
Printed name of Agency Records Coordinator	