

REQUEST FOR DISPOSITION

(To be used for destruction of Public Records/ non-records and/or for requests to transfer to Archives.)

DATE: / /

SRCA#:

AGENCY CODE:
 AGENCY:
 DIVISION:
 CONTACT:
 ADDRESS:
 E-MAIL:
 PHONE:
 FAX:

We hereby request permission to destroy the public records and/or non-records described below. The records retention period as established by the appropriate Record Retention and Disposition Schedule (RRDS) has expired, and these records are to be destroyed immediately.

- INSTRUCTIONS:**
- Please complete in duplicate.
 - Use the exact record title, part and section number as given in the Record Retention and Disposition Schedule.
 - Forward to NM State Records and Archives - 1205 Camino Carlos Rey - Santa Fe, NM 87505.
 - Yellow copy will be given back to the agency as receipt when boxes are delivered to SRCA.

- DESTRUCTION:**
- On-site
 - Records Center (circle one: Albuquerque Record Center or Santa Fe Record Center)

RECORDS TITLE AND DESCRIPTION (Please indicate destruction or transfer to Archives.)	DISPOSITION TRIGGER DATE	QUANTITY OF BOXES OR BUNDLES	RRDS PART AND SECTION NUMBER	SRCA USE ONLY
				TRANSFER TO ARCHIVES

Signed: _____ Printed Name: _____
 (Records Liaison Officer or Agency Head)

Analyst - Received: _____ Date: / /	RMD Director's Review - Transfer to Archives: yes ___ no ___ Date: / /	Delivered to SRC - Received: _____ Date: / /	Delivered to Archives - Received: _____ Date: / /
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