Appendix A

Request for Records Disposal or Transfer Authorization

FROM: **PHONE:** ( )

ADDRESS: **DISPOSAL NUMBER:**

Send Completed Form To: Montana Local Government Records Committee * Montana Department of Administration, *c/o Local Government Services Bureau, * P.O. Box 200547 * Helena MT 59620-0547

Schedule #	Item #	Description of Records (include case # or other identifying info)	Inclusive Dates		Confidential	10 Year Rule	Dispose		Comments
			From	To			Yes	No	
6	123	Example: Sealed Civil Files #23-234	1/2/1907	12/30/1922	X	X	X		Microfilmed
8	456	Example: Cemetery Records – Full	6/1/1911	11/1/1937				X	Permanent Record
10	789	Example: Commission Minutes	1/1/1919	1/30/1929		X	X		Transfer to (insert entity name here)
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