



Montana Secretary of State
RECORDS AND INFORMATION
MANAGEMENT

RM 1

**RECORDS
SERIES
PROFILE**

1. PROGRAM CODE

2. AGENCY CREATING RECORD

Agency Name:
Program Name:
Item Number:

3. RECORDS SERIES TITLE

4. AGENCY CONTACT

Name:
Title:
Telephone:

5. LOCATION OF SERIES

Office Off Site Storage PC/Network:
Building:
Room #
Address:
City, State, Zip:

6. SERIES DESCRIPTION

Type:
Format:
Content:
Function:
Completeness:

7. INCLUSIVE DATES (Mon/Day/Yr)

Start:
End:

8. ARRANGEMENT

Alphabetically
 Chronologically
 Functionally
 Numerically
OTHER
 Other
Specify:

**9. ESSENTIAL RECORD
RECOVERY TIME**

24 hours
 2-5 days
 5-10 days
 1-30 days
 30 days and
beyond

10. DUPLICATION

Form or Content:
Full or Partial:
Hard copy or Electronic:
Duplication Location:
Official or Duplicate:

11. NATURE AND FREQUENCY OF USE

First Year:
Second Year:
Third Year:
Older:

Source of Requests:
Purpose of Requests (check all that apply):
 Administrative Historic Legal Reference
Or other

12. LAWS OR POLICIES GOVERNING RETENTION - - - INCLUDE A COPY

**13. RETENTION IN YEARS
(END EVENT)**

Office:

Storage:

Total:

14. RETENTION CYCLE

Calendar Year
 Fiscal Year

15. FINAL DISPOSITION

Agency Archives
 Delete
 Image & Destroy
 Image & Retain
 Incinerate
 Microfilm & Destroy
 Microfilm & Retain
 Offer to State Archives
 Offer to State Library
 Shred as Classified
 Toss without Restriction
 Other: Please Explain

16. COMMENTS

17. SIGNATURE OF PREPARER

Typed Signature

Preparer's Signature

18. DATE OF PREPARATION

One copy with original signature goes to Records and Information Management. Retain one copy for the agency