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| REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL | | <i>Instructions:</i> Please type or print. This request must be submitted prior to the disposition of any public records. State Agencies must complete items 1. through 14., County and Municipal Agencies and School Districts must complete items 1. through 14., and 15.A and 15.B if fiscal records are listed. Return the intact form with <u>all four parts</u> to: DISPOSAL REQUESTS, Department of the Treasury, Division of Revenue and Enterprise Services, Records Management Services, P.O. Box 661, Trenton, N.J. 08625-0661. Please include a self-addressed envelope for expedited service. | | | 1. Requesting Agency Name, Contact Name, Address, and Telephone No. | |
| | | 1.A Retention Schedule Number (6-digit Alphanumeric Number) | | | | |
| 2. Request Date | 3. Requested By (Requesting Agency Signature) | | 4. Request Approved By (Agency Custodian of Public Record Signature) | | 5. Comments | |
| 6. Archival Review (Signature) | 7. Early Records Disposal (Due to Document Conversion or Damage) | | | 8. Comments - Document Conversion or Damage | | |
| | Microfilm __Yes __No | Digital Image __Yes __No | Damaged Records Certificate __Yes __No | | | |
| Authorization is hereby requested for the disposal of the following public records in accordance with New Jersey P.L. 1953, c. 410 as amended. It is further certified that the record series listed herein have exceeded their respective retention periods and are not involved in any action, such as a pending OPRA request, litigation, or anticipated litigation as per the Federal Rules of Civil Procedure, December 2006; and are not required for a present or a future audit. NOTE: Items 9, 10., and 11. must be completed as they appear on an approved records retention schedule. | | | | | | |
| 9. Record Series Number | 10. Record Series Title | | 11. Retention Period | 12. Inclusive Dates - Month and Year | | 13. Dispose After |
| | | | | From (MM/YYYY) | To (MM/YYYY) | |
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| | SAMPLE ONLY | | | DO NOT | | |
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| For Records Management Services Use Only | | | | | | Total Volume |
| 15. Audit Verification | | 16. Department of the Treasury, Division of Revenue and Enterprise Services, Records Management Services Authorization | | | 17. Disposition | |
| 15.A Auditor's Signature | | 16.A Authorization Date | 16.B Authorization Number | | <input type="checkbox"/> Shred <input type="checkbox"/> Recycle <input type="checkbox"/> Transfer to Archives <input type="checkbox"/> Other _____ | |
| 15.B Date | | 16.C Authorizing Signature, Records Management Services | | | 17.A Verification Signature | 17.B Date |

WHITE – Records Management Services **YELLOW** – Records Management Services Follow up **PINK** – Requesting Agency **GOLDENROD** – Auditor