

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL		Instructions: 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 must also complete items 15.A and 15.B, if fiscal records are listed. Return intact form (all four parts) to: DISPOSAL REQUESTS, Department of State, Division of Archives and Records Management (DARM), 2300 Stuyvesant Avenue. P.O. Box 307, Trenton, N.J. 08625. For questions or assistance, call (609) 530-3208. Please include self addressed envelope for expedited service.			1. Requesting Agency Name (Name, Address, and Telephone No.)				
					1.A Agency Retention Schedule Number				
2. Request Date		3. Requested By (Signature)		4. Request Approved By (Custodian of Public Records Signature)		5. Records Manager (Signature)			
6. Archival Review (Signature)		7. Premature Records Disposal			8. Comments				
		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		13. Dispose After	14. Volume (Cubic Feet)
						From (MM/YYYY)	To (MM/YYYY)		
For DARM Use Only									Total Volume
15. Audit Verification		16. DARM Authorization			17. Disposition				
15.A Auditor's Signature		16.A Authorization Date	16.B Authorization Number		___ Shred ___ Recycle ___ Transfer to Archives ___ Other _____				
15.B Date		16.C Director's Signature, Division of Archives and Records Management			17.A Verification Signature		17.B Date		

WHITE – DARM

YELLOW – DARM Follow up

PINK – Requesting Agency

GOLDENROD – Auditor