REQUEST FOR PERMISSION TO DESTROY OR TRANSFER CERTAIN PUBLIC RECORDS (PR-1)

State Form 30505 (R5 / 3-14)

INDIANA COMMISSION ON PUBLIC RECORDS
402 West Washington Street, Room W472
Indianapolis, Indiana 46204
Telephone: 317-232-3380
cty@icpr.IN.gov

INSTRUCTIONS:

1. *Prepare in quintuplicate (five copies).*
2. *The original and three copies must be filed with the County Commission of Public Records and a copy retained by the originating agency.*
3. *Upon approval by the County Commission, the Secretary must forward one copy to the* ***Indiana Commission on Public Records*** *at the above address; one copy to the county historical society (if any); and retain the original and one copy for sixty (60) days, during which time the records may be procured by an active genealogical or historical society of the county or by the Indiana Commission on Public Records, State Archives Division.*
4. *Upon the expiration of sixty (60) days the copy retained shall be forwarded to the agency, as authority to dispose of the records in accordance with the action thereon by the County Commission.*
5. *The original shall be preserved as a part of the minutes of the County Commission.*

RECORDS MEASUREMENT TABLE

1 Archives box (10" x 12" x 15") inside = 1 cubic foot of records	1 Linear foot of 8 1/2" x 14" documents = 1 cubic foot
1 Letter size file drawer = 1 1/2 cubic feet of records	1 Linear foot of 8 1/2" a 11" documents = 4/5 cubic feet
1 Legal size file drawer = 1 1/2 cubic feet of records	1 Linear foot of tab cards = 1/6 cubic feet
1 Number 11 record transfer box = 2 cubic feet of records	1 Linear foot of 3" x 5" cards = 1/9 cubic feet

TO BE COMPLETED BY THE ORIGINATING AGENCY OR OFFICE

Name of government agency		Date *(month, day, year)*
Address of government agency *(number and street, city, state, and ZIP code)*		
Name of contact person	Telephone number ( )	E-mail address

Type of request *(check one)* ☐ Request to destroy ☐ Request to microfilm and destroy ☐ Request to destroy previously microfilmed originals
☐ Request to transfer to: _____

TO: Secretary, Commission of Public Records, of _____ County, Indiana

NAME OR DESCRIPTION OF RECORDS	VOLUME OF RECORDS (see records measurement table)	DATE OF RECORDS

All of the above records have met their retention requirements in an applicable schedule as of January 1, of the present year. All records requiring audit have been audited by the State Board of Accounts for the period indicated; the report of the audit is on file and does not show any exceptions taken or unsettled charges.

Approved by:	Title	Date *(month, day, year)*
Requested by:	Title	Date *(month, day, year)*

ACTION BY THE COUNTY COMMISSION OF PUBLIC RECORDS	
TO *(name of government agency)*:	
You are hereby notified that your request to destroy or otherwise dispose of the public records listed thereon was approved by the County Commission of Public Records at a meeting held this date, subject to the following limitations or exceptions:	
In the event that a genealogical or historical society in or of the county, or the Indiana Commission on Public Records, State Archives Division, does not procure all or part of these public records within the sixty (60) day period required by IC 5-15-6-7, these public records may be destroyed or otherwise disposed of by authority of the County Commission of Public Records.	
Signature of Chairman of County Commission of Public Records	Date signed *(month, day, year)*
ATTEST - Signature of Secretary	Date after which public records may be destroyed *(60 days after above date)*

NOTIFICATION BY GENEALOGICAL OR HISTORICAL SOCIETY OR INDIANA COMMISSION ON PUBLIC RECORDS, STATE ARCHIVES DIVISION, TO PROCURE RECORDS	
You are further notified that: ☐ 1. No written statement has been received from any genealogical or historical society or the Indiana Commission on Public Records, State Archives Division, to procure any of such records. ☐ 2. A written statement has been received from _____ of its intent to procure the following records:	
Signature of secretary	Date signed *(month, day, year)*