



**REQUEST FOR EXCEPTION TO COUNTY / LOCAL
RETENTION SCHEDULE OR PERMISSION TO
DISPOSE OF NON-SCHEDULED COUNTY / LOCAL
PUBLIC RECORDS (PR-1)**

State Form 30505 (R8 / 6-20)

**INDIANA ARCHIVES AND RECORDS ADMINISTRATION
COUNTY / LOCAL RECORDS MANAGEMENT**
402 West Washington Street, Room W472
Indianapolis, Indiana 46204
Telephone: 317 232-3380
E-mail: cty@iara.in.gov

Please contact IARA at the above address if you have any questions while filling out this form.

INSTRUCTIONS – Originating Agency:

1. **This form is for permission to destroy or transfer the ONLY copy of public records.** No permission is required to microfilm paper records or to destroy originals after microfilming. As long as one (1) copy of the information is maintained in paper or microfilm format, all other copies may be destroyed at any time.
2. **Fill out all information on the first page of this form.** Contact the Indiana Archives or local historical entity to confirm interest prior to initiating a request to transfer.
3. **File one (1) copy with your County Commission of Public Records, and retain one (1) copy for your own records.**
4. **Upon receipt of an approved copy from your County Commission of Public Records, follow the instructions dictated on the second page of this form and retain a copy for your records.** (Your original copy of the request may be destroyed on receipt of the approved version.)

INSTRUCTIONS – County Commission of Public Records:

Step 1. Upon approval of this request by the County Commission, the Secretary must preserve one (1) copy as part of the minutes of the County Commission, send one (1) copy to the county historical society or equivalent local historical entity if such exists, **send one (1) copy to IARA at the above address**, and retain one (1) copy for Step 2.

Step 2. Fill out the section labeled "FINAL NOTIFICATION FOR ORIGINATING AGENCY" and send to the contact person at the originating agency, once:

- a. The local historical entity or IARA has requested that records be transferred to them; OR
- b. Sixty (60) days have passed with no contact from the historical entity / IARA, and records may be disposed of subject to any limitations listed on page 2.

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 only one; complete a separate form for each type of request.)		<input type="checkbox"/> Destroy unscheduled records
<input type="checkbox"/> Exception: Transfer scheduled records to the Indiana Archives in lieu of destruction		<input type="checkbox"/> Transfer unscheduled records to the Indiana Archives
<input type="checkbox"/> Exception: Transfer scheduled records to local historical entity in lieu of destruction		<input type="checkbox"/> Transfer unscheduled records to local historical entity
TO: Secretary, Commission of Public Records, of _____ County, Indiana		
NAME OR DESCRIPTION OF RECORDS (Include record series number if requesting and exception for scheduled records.)	VOLUME OF RECORDS (number of boxes, folders, film rolls, data, etc.)	DATE RANGE OF RECORDS (month/year to month/year)
		to
Name of local historical entity, if transfer is being requested to such		
Requested by (originating agency representative):	Title	Date (month, day, year)

ACTION BY THE COUNTY COMMISSION OF PUBLIC RECORDS (To be completed by the Secretary of the County Commission.)	
This 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:	
<i>(List requests or limitations on the disposal or transfer desired by the County Commission on Public Records.)</i>	
Signature of Chairman of County Commission of Public Records	Date signed (month, day, year)
ATTEST - Signature of Secretary	Date signed (month, day, year)

CONTACT INFORMATION FOR THE SECRETARY OF THE COUNTY COMMISSION OF PUBLIC RECORDS		
Name of Secretary	Telephone number ()	E-mail address
Office address of Secretary (number and street, city, state, and ZIP code)		

LOCAL HISTORICAL ENTITY – Complete and return to the Secretary of the County Commission within sixty (60) days.		
Name of staff contact	Telephone number ()	E-mail address
Office address of staff contact (number and street, city, state, and ZIP code)		
<input type="checkbox"/> Our entity does not wish to procure any of the records described on this form. (Optional; returning form is obligatory only if you wish to procure records.) <input type="checkbox"/> Our entity wishes to procure the records listed below. (Write "All" if you would like to procure all records.)		

INDIANA ARCHIVES – Complete and return to the Secretary of the County Commission within sixty (60) days.		
Name of Indiana Archives contact	Telephone number ()	E-mail address
Office address of Indiana Archives contact (number and street, city, state, and ZIP code)		
<input type="checkbox"/> Our entity does not wish to procure any of the records described on this form. (Optional; returning form is obligatory only if you wish to procure records.) <input type="checkbox"/> Our entity wishes to procure the records listed below. (Write "All" if you would like to procure all records.)		

FINAL NOTIFICATION FOR ORIGINATING AGENCY – Check only one (1) box below. To be sent only after sixty (60) days have passed since approval.	
<input type="checkbox"/> No written statement has been received from any genealogical or historical entity or the Indiana Archives and Records Administration to procure any of the records listed. These public records may be destroyed or otherwise disposed of by authority of the County Commission of Public Records, subject to any limitations listed at the top of this page.	
<input type="checkbox"/> A written statement as shown above has been received from a genealogical or historical entity or the Indiana Archives and Records Administration, indicating intent to procure the records. Please arrange for transfer of the requested records. For the Indiana Archives, use State Form 48886. For a local historical entity, use that entity's preferred transfer form. All records that were NOT requested may be destroyed or otherwise disposed of by authority of the County Commission of Public Records, subject to any limitations listed at the top of this page.	
Signature of Chairman of County Commission of Public Records	Date signed (month, day, year)