

LOCAL GOVERNMENT ENTITY SIGNATURES ARE REQUIRED BEFORE MAILING FOR APPROVAL

CONFIDENTIAL: The local entity must determine if records are confidential or sensitive and be marked accordingly.

Authorized Local Government Representative: Name: Signature:	Date:	Phone: ()
Records Custodian: Name: Signature:	Date:	Phone: ()
Records Custodian: Name: Signature:	Date:	Phone: ()

LOCAL GOVERNMENT SUBCOMMITTEE SIGNATURES REQUIRED FOR DISPOSAL APPROVAL

Department of Administration Committee Member: Name: Signature:	Date:
Montana Historical Society Committee Member: Name: Signature:	Date:

TEN YEAR RULE:

Public records more than ten (10) years old approved for destruction may not be destroyed for at least 180 days after this date:

I certify that all public records, more than ten years old, authorized on this Request for Records Disposal or Transfer Authorizaton have been listed on the central registry per MCA 2-6-405.

Secretary of State Committee Member:

Name:	Date:
Signature:	

Certificate of Transfer/Destruction/Disposition Comments (Requesting Agency Use Only)

I hereby attest that I have destroyed, transferred or retained records as designated by the Local Government Subcommittee. If transferred, I have noted in the "Comments" field above, the entity to which the records have been relocated.

Name:	Title:	Date:
Signature:		