

**MONTANA LOCAL GOVERNMENT RETENTION SCHEDULE****REQUEST FOR CHANGE IN RECORDS SCHEDULE****SCHEDULE****AGENCY/ DEPT. NAME:**

# \_\_\_\_\_

Send Local Government Records Committee  
 to: Montana State Archives- State Archivist  
 225 N Roberts St PO Box 201201 Helena MT 59620-1201

**INSTRUCTIONS:** Use this form to request a change in the Records Retention Schedule governing the records of your agency. Submit the signed original, and keep a copy for your file. The proposed change will be submitted to the Local Government Records Committee for its next Bi-annual meeting, regularly held on the 3<sup>rd</sup> Thursday in **April**\_\_ or **Oct.**\_\_, 20\_\_.  
 You will be notified of the committee action shortly thereafter.

1. **CHANGE REQUESTED** Put an **X** in front of the change you are requesting. Enter Page and Item #
- |                          |   |                             |                             |                             |                             |
|--------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> | Add a new item-you <b>must</b> include a retention time | <input type="checkbox"/>    | Change a retention time     | Page # <input type="text"/> | Item # <input type="text"/> |
| <input type="checkbox"/> | Delete an existing item                                 | Page # <input type="text"/> | Item # <input type="text"/> | <input type="checkbox"/>    | Change an existing item     |
|                          |   |                             |                             | Page # <input type="text"/> | Item # <input type="text"/> |

2. **RECORD SERIES TITLE:** If the series is called by multiple names, include all of them.

3. **DESCRIPTION OF RECORD SERIES:**  
**Function-** why the series exists, process performed.

**Content-** Corresp. , reports, applications, financial, etc.

4. **CHANGE/DELETE AN EXISTING ITEM:** Describe what changes/deletions you are requesting and the reason.

5. **PROPOSED RETENTION TIME:**  New Item  Change Existing time  
 Be specific-how long must the records be kept before disposition:

What criteria was used to determine the retention time?

6. Are there State or Federal regulations that apply to the retention time?  Yes  No If so, list them.

7. **COMMENTS:** add additional comments on page 2

8. **ASSOCIATION RECORDS COMMITTEE APPROVAL:** Have these proposed changes been reviewed and agreed on by your Association's Record Retention Schedule Committee?  Yes  No  
 If YES, List the committee member information on the following page. If NO, how were the changes determined?

Requested by: \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

email address \_\_\_\_\_

LGRC Reviewed on: \_\_\_\_\_ Action: Approved \_\_\_\_\_ Other: \_\_\_\_\_

Date Revision sent to be posted on SOS web: \_\_\_\_\_ Date posted on SOS web: \_\_\_\_\_

**MONTANA LOCAL GOVERNMENT RETENTION SCHEDULE**

**REQUEST FOR CHANGE IN RECORDS SCHEDULE**

This Request for Change In Records Retention Schedule # _____ was reviewed by the following members of the	
Add Entity Name: _____	
Association's Review Committee and agreed on by us on: _____	Date: _____
List Committee members names, titles, and locations below:	
Name and Title	from: City or County
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
Comments:	
Submitted by:	Name _____ County _____
	Title _____
	Address or PO Box _____
	City _____ MT Zip _____
	Phone 406- _____ E-mail address: _____