Reset Form

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

State Form 30505 (R10 / 4-23)

Contact the Indiana Archives and Records Administration at cty@iara.in.gov before filling out this form.

Parts 1 - 5 must be completed prior to submitting to the Secretary of the County Commission on Public Records.

PART 1 REQUESTOR INFORMATION

To be completed by originating government agency or active genealogical / historical entity of the county requesting permission to destroy certain public records.

Name and address of originating government agency or genealogical / historical entity *(number and street, city, state, and ZIP code)*		
Name of originating government agency or genealogical / historical entity representative	Telephone number	E- mail address
Signature of originating government agency or genealogical / historical entity representative		Date *(month, day, year)*

PART 2 DESTRUCTION REQUEST

Note: Public records with disclosure restrictions must be destroyed in such a manner that they cannot be read or recreated in accordance with IC 5-15-5.1-13, and may only be destroyed by the originating government agency or with written permission from the Indiana Archives. Public records may not be sold.

Destroy (*select one*): ☐ Nonscheduled records ☐ Scheduled records ahead of their disposition date due to severe damage

Method of destruction (*select one*):

☐ Shredding ☐ Incineration ☐ Other method approved by the Indiana Archives: _____

DESCRIPTION OF PUBLIC RECORDS TO BE DESTROYED

If you need additional space, make as many copies as necessary of this page.

NAME OR DESCRIPTION OF RECORDS *(record series number is required for records on a retention schedule)*	VOLUME OF RECORDS *(number of boxes, folders, film rolls, data, et cetera)*	DATE RANGE OF RECORDS *(month / year to month / year)*
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PART 3 RESPONSE BY THE INDIANA ARCHIVES

Required: To be completed by an Indiana Archives representative before submission to the County Commission of Public Records.

Name of Indiana Archives representative	Telephone number	E-mail address

☐ The Indiana Archives **wishes** to procure the records described in Part 2.

☐ The Indiana Archives **does not wish** to procure any of the records described in Part 2.

List all records you wish to procure below. Write "All" if you wish to procure all records listed in Part 2.

Signature of Indiana Archives representative	Date signed (*month, day, year*)

PART 4 ACTION BY THE INDIANA ARCHIVES

Required: To be completed by an Indiana Archives representative before submission to the County Commission of Public Records.

Name of Indiana Archives representative	Telephone number	E-mail address

☐ The Indiana Archives **approves** the request to destroy the records described in Part 2.

☐ The Indiana Archives **denies** the request to destroy the records described in Part 2.

List any limitations, exceptions, or reasons for denial below:

Signature of Indiana Archives representative	Date signed (*month, day, year*)

PART 5 RESPONSE FROM GENEALOGICAL / HISTORICAL ENTITY

Required: To be completed by a representative of each active genealogical / historical entity of the county, before submission to the County Commission of Public Records

Name of genealogical / historical entity representative	Telephone number	E-mail address

Office address of genealogical / historical entity representative *(number and street, city, state, and ZIP code)*

☐ Our entity **wishes** to procure the records described in Part 2.

☐ Our entity **does not wish** to procure any of the records described in Part 2.

List all records you wish to procure below. Write "All" if you wish to procure all records listed in Part 2.

PART 6 FINAL ACTION BY THE COUNTY COMMISSION OF PUBLIC RECORDS

Required: To be completed by the Secretary of the County Commission after receipt of this form with Parts 1 - 5 completed. One copy to be sent to the requestor. One copy to be recorded with the minutes of the County Commission on Public Records.

Name of Secretary of County Commission of Public Records	Telephone number	E-mail address

Office address of Secretary of County Commission of Public Records *(number and street, city, state, and ZIP code)*

☐ The County Commission of Public Records **approves** the request to destroy or transfer the records described in Part 2.

☐ The County Commission of Public Records **denies** the request to destroy or transfer these records described in Part 2.

List any limitations, exceptions, or reasons for denial below:

Signature of Secretary of County Commission of Public Records		Date signed *(month, day, year)*
Name of County Commission of Public Records Chairperson	**Signature of County Commission of Public Records Chairperson**	**Date signed *(month, day, year)***