

Commission of Public Records State Records Center and Archives

Request to Store Electronic Disaster Recovery Files

(Please print the requested information)

Agency Information	
Agency name	
Agency contact person	
Division	
Phone	
Fax	
Address	
E-mail	
Personnel Authorized to Access Electronic Vault	
Name	Signature
Space Requirements	
What type of electronic media will be stored (e.g., tape, cassette, disk, etc.)?	
What is the approximate quantity of electronic media that will be stored (e.g., number of tapes/size, number of cassettes/size, number of diskettes/size)?	
Please provide a brief description of the electronic media contents.	

Signature of Agency Records Custodian

Date

Signature of State Records Administrator

Date

For SRCA use only.	Locker Number	Key Card Number