

REQUEST FOR DESTRUCTION

(To be used for destruction of Public Records/Non-Records)

AGENCY CODE:
 AGENCY NAME:
 DIVISION:
 RLO NAME:
 ADDRESS:
 CITY, STATE, ZIP:
 E-MAIL:
 PHONE:

DATE:

DESTRUCTION:
 On-Site

 Record Center:
 Albuquerque
 Santa Fe

INSTRUCTIONS:

Use the exact record classification title and number as given in the Records Retention and Disposition Schedule.
 Forward the original signed request to NM State Records and Archives - 1205 Camino Carlos Rey - Santa Fe, NM 87507

Records that have met retention

We hereby request permission to destroy the records described below. By signing below I certify that the records retention period as established by the Functional Records Retention and Disposition Schedule (FRRDS) has expired.

Source documents that are on an imaging/microfilm/COM plan

By signing below I certify that: (1) all images/masters silver halide microfilm/COM meet(s) all imaging/microfilm/COM standards outline in 1.14.2 NMAC; (2) all records have been verified and are complete and contain all information as shown on the originals through 100% quality control procedures; and (3) the agency imaging/microfilm/COM plan was approved by the State Records Administrator and is current.

RECORD CLASSIFICATION NUMBER	RECORDS CLASSIFICATION TITLE - SECONDARY DESCRIPTOR	TRIGGER DATE (MM/DD/YYYY)	QUANTITY (BOXES/ # of E-RECORDS)

Signature: _____ Printed Name: _____

By signing I certify that I have the authority to request the destruction of the above records and that the records have been correctly classified in accordance with 1.21.2 NMAC.

Analyst - Date: / /	RMD Director's Review - Date: / /	Delivered to SRC - Date: / /
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SRCA #	For CPR office use only
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