

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.

REQUESTOR INFORMA	TION		
enealogical / historical er	ntity of the county requesting	g permission	to destroy certain public records.
istorical entity (number and	street, city, state, and ZIP code	e)	
/ representative	Telephone number	E- mail ac	ldress
ntity representative	L		Date (month, day, year)
DESTRUCTION REQUI	EST		
yed in such a manner th	at they cannot be read or re		
☐ Scheduled rec	ords ahead of their disposit	tion date due	to severe damage
by the Indiana Archives:			
	DS TO BE DESTROYED		
ry of this page.			
		era)	DATE RANGE OF RECORDS (month / year to month / year)
			to
	prealogical / historical erristorical entity (number and representative) DESTRUCTION REQUIPMENT of the such a manner that agency or with written processed by the Indiana Archives: DN OF PUBLIC RECORMANY of this page.	Telephone number Telephone nu	prealogical / historical entity of the county requesting permission istorical entity (number and street, city, state, and ZIP code) Telephone number E- mail act and the county requesting permission is torical entity (number and street, city, state, and ZIP code) Telephone number E- mail act and the county requesting permission number and the county representative DESTRUCTION REQUEST Yeld in such a manner that they cannot be read or recreated in a stagency or with written permission from the Indiana Archives. Public Records ahead of their disposition date due to by the Indiana Archives: DN OF PUBLIC RECORDS TO BE DESTROYED Try of this page.

PART 3 RESPONSE BY THE INDIANA ARCHIVES					
Required: To be completed by an Indiana Archives representa	tive before submission to the Count	the County Commission of Public Records.			
Name of Indiana Archives representative	Telephone number	E-mail address			
☐ The Indiana Archives wishes to procure the records descr☐ The Indiana Archives does not wish to procure any of the					
List all records you wish to procure below. Write "All" if you wish to procure					
Signature of Indiana Archives representative			Date signed (month, day, year)		
PART 4 AC	TION BY THE INDIANA ARCHIVES	S			
Required: To be completed by an Indiana Archives representa	tive before submission to the Count	ty Commission of Public Re	cords.		
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 re-	cords 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 F Required: To be completed by a representative of each active g	ROM GENEALOGICAL / HISTORIO		the County Commission of Bublic		
Records	enealogical / historical entity of the co	bunty, before submission to	the County Commission of Fublic		
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					
Our entity does not wish to procure any of the records de					
List all records you wish to procure below. Write "All" if you wish to prod	uie an fecolus listeu III Part 2.				
PART 6 FINAL ACTION	N 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 co	ode)			
☐ The County Commission of Public Records approves the					
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 Pu	ublic Records Chairperson	Date signed (month, day, year)		