

REQUEST FOR PERMISSION TO TRANSFER CERTAIN PUBLIC RECORDS (PR-1B) State Form 57236 (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		TION		
To be completed by originating government agency or active ge				to transfer certain public records.
Name and address of originating government agency or genealogical or historical entity (number and street, city, state, and ZIP code)				
Name of originating government agency or genealogical or historical ent	ity representative	Telephone number	E- mail ad	ldress
Signature of originating government agency or genealogical or historical entity representative			C	Date (month, day, year)
PART 2	TRANSFER REQUES			
Note : Public records must be transferred in accordance with IC Transfer (<i>select one</i>):	5-15-5.1-14 and IC 5-1	5-6-7. Public records may no	t be sold.	
Nonscheduled public records to the Indiana Archives.	Scheduled public	records to the Indiana Archiv	es in lieu o	f scheduled destruction.
Nonscheduled public records to the indiana Archives.	Scheduled public	records to an active genealo	gical or hist	orical entity of the county.
historical entity of the county.		records from an active genea adiana Archives OR another a		nistorical entity to the originating alogical or historical entity
Name of the genealogical or historical entity to which the public records	will be transferred:			
DESCRIPTIO	N OF PUBLIC RECORD	S TO BE TRANSFERRED		
If you need additional space, make as many copies as necessa	ary of this page.			
NAME OR DESCRIPTION OF RECORDS (record series number is required for scheduled records)		UME OF RECORDS s, folders, film rolls, data, et cete	ra)	DATE RANGE OF RECORDS (month / year to month / year)
				to

PART 3 RESPONSE BY THE INDIANA ARCHIVES				
Required: To be completed by an Indiana Archives representative before submission of this form to the County Commission of Public Records.				
Name of Indiana Archives representative	Telephone number	E-mail address		
The Indiana Archives wishes to procure the record	rds 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.				
		F		
Signature of Indiana Archives representative			Date signed (month, day, year)	

PART 4 ACT	TION BY THE INDIANA ARCHIVES				
Required: To be completed by an Indiana Archives representative before submission of this form to the County Commission of Public Records.					
Name of Indiana Archives representative	Telephone number	E-mail address			
The Indiana Archives approves the request to transfer the records described in Part 2. The Indiana Archives denies the request to transfer 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)		
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PART 5 GENEALOGICAL / HISTORICAL ENTITY WISHING TO PROCURE THE RECORDS				
As applicable: To be completed before submission to the County Commission of Public Records by an active genealogical / historical entity of the county that wishes to procure the records described in Part 2.				
Name of genealogical / historical entity repres	entative	Telephone number	E-mail address	
Office address of genealogical / historical entity representative (number and street, city, state, and ZIP code)				
List all records you wish to procure below. Wr	ite "All" if you wish to procure all re	cords listed in Part 2.		

PART 6 FINAL ACTION E	BY THE COUNTY COMMISSION OF I	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 re	equest to transfer the records describe	ed in Part 2.		
The County Commission of Public Records denies the request to transfer the 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)	