



Request for Change in Local Government Records Schedule

Use this form to request a change in the records retention and disposition schedule governing the records of your agency. Submit the signed original and keep a copy for your file. A proposed amendment will be prepared and submitted to the appropriate state and local officials for their approval and signature. Copies of the signed amendment will be sent to you for insertion in your copy of the schedule.

AGENCY INFORMATION

Requestor name _____

Location and Agency [e.g., County/Municipality + Department of Social Services] _____

Phone and email _____

Mailing Address _____

CHANGE REQUESTED

Specify title and edition of records retention schedule being used: _____

- Add a new item
 - Delete an existing item
 - Change a retention period
- Standard Number _____ Page _____ Item Number _____
- Standard Number _____ Page _____ Item Number _____

Title of Records Series in Schedule or Proposed Title: _____

Inclusive Dates of Records: _____

Proposed Retention Period: _____

Description of Records: _____

Justification for Change: _____

Requested by: _____

Signature	Title	Date
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Approved by: _____

Signature	Requestor's Supervisor	Date
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DIVISION OF ARCHIVES AND RECORDS — GOVERNMENT RECORDS SECTION

MAILING ADDRESS: 4615 Mail Service Center Raleigh, N.C. 27699-4615	http://archives.ncdcr.gov Telephone (919) 807-7350 Facsimile (919) 715-3627 State Courier 51-81-20	LOCATION: 215 N. Blount Street Raleigh, N.C. 27601-2823
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