**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 Standard Number Page Item Number

Change a retention period 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 |
| Approved by: |  |  |  |
| Signature | | Requestor’s Supervisor | Date |