



# NOTICE OF DESTRUCTION OF COUNTY / LOCAL GOVERNMENT RECORDS IN ACCORDANCE WITH AN APPROVED RETENTION SCHEDULE

State Form 44905 (R10 / 4-23)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION  
COUNTY / LOCAL RECORDS MANAGEMENT  
402 West Washington Street, Room W472  
Indianapolis, Indiana 46204  
Telephone: 317-232-3380  
E-mail: [cty@iara.in.gov](mailto:cty@iara.in.gov)

This form is to be used only for documenting the destruction of records as scheduled on an approved county / local records retention schedule.

For requests to dispose of records not listed on a retention schedule use State Form 30505. For requests to transfer records scheduled as PERMANENT to a local historical entity instead of maintaining them in the originating office or transferring them to the Indiana Archives, use State Form 57236.

- INSTRUCTIONS:
1. Complete ALL Contact and Record Series Information fields. Record Series Number is **REQUIRED** for all records listed.
    - a. If you do not know the Record Series Number, contact IARA's County / Local Records Management section for more information.
    - b. If the records do not have a Record Series Number, use State Form 30505 as described above.
  2. Destroy records in accordance with the listed Record Series Number and complete the Destruction Information fields on this form.
  3. Send one (1) copy of the completed form to the secretary of your County Commission of Public Records for inclusion in the minutes of the next meeting and retain one (1) for your records.

CONTACT INFORMATION			
Name of office <b>Mt. Vernon Community School Corporation</b>		County <b>Hancock</b>	
Address (number and street) <b>1806 W. State Rd 234</b>		City <b>Fortville</b>	ZIP code <b>46040</b>
Name of contact person		Telephone number <b>317-485-3100</b>	E-mail address

RECORD SERIES INFORMATION			
RECORD SERIES TITLE OF RECORDS TO BE DESTROYED	DATE RANGE OF RECORDS (m / yyyy to m / yyyy)	RECORD SERIES NUMBER (REQUIRED)	VOLUME (number of boxes, rolls, etc.)
Update Purchase orders, Purchase Orders 1422-1761	6/3/10 to 1/26/12		1 Box
Statewide Credit Notices, Voided PO's, Pink Purchase Order Copies	1/18 to 6/18		1 BOX
Utility Bills - Copies	1/15 to 12/17		1 Box
Voucher Allowances, Voucher Edit, check register, unencumbered report	1/12 to 12/12		1 BOX
Check stubs, budget edit, Act pay. voucher			
Board Bills	1/13 to 7/13		1 BOX
Voucher Allowances, Voucher Edit, check register, unencumbered report	1/13 to 12/13		1 Box
Check stubs, budget edit, check account payable voucher			
Cash Receipts	7/16 to 12/16		1 BOX
Cash Receipts	1/17 to 12/17		1 Box
Cash Receipts	6/14 to 6/15		1 BOX
Book Rental Court Cases and Foreclosures	2007 to 2008		1 BOX
Book Rental Court Cases and Foreclosures	2008/2009 to 2009-2010		1 BOX
Book Rental Court Cases	2010 to 2011		1 BOX

DESTRUCTION INFORMATION		
These records were destroyed according to a retention schedule approved for use by the Indiana Oversight Committee on Public Records.		
Signature of official destroying records <i>Carla Nugent</i>		Date signed (month, day, year) <b>3/12/24</b>
Printed name of official destroying records <b>Carla Nugent / Ann Shirley</b>	Position <b>Admin Assistant / Accts Payable</b>	Date records destroyed (month, day, year)



# NOTICE OF DESTRUCTION OF COUNTY / LOCAL GOVERNMENT RECORDS IN ACCORDANCE WITH AN APPROVED RETENTION SCHEDULE

State Form 44905 (R10 / 4-23)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION  
COUNTY / LOCAL RECORDS MANAGEMENT  
402 West Washington Street, Room W472  
Indianapolis, Indiana 46204  
Telephone: 317-232-3380  
E-mail: [cty@lara.in.gov](mailto:cty@lara.in.gov)

This form is to be used only for documenting the destruction of records as scheduled on an approved county / local records retention schedule.

For requests to dispose of records not listed on a retention schedule use State Form 30505. For requests to transfer records scheduled as PERMANENT to a local historical entity instead of maintaining them in the originating office or transferring them to the Indiana Archives, use State Form 57236.

- INSTRUCTIONS:
1. Complete ALL Contact and Record Series Information fields. Record Series Number is **REQUIRED** for all records listed.
    - a. If you do not know the Record Series Number, contact IARA's County / Local Records Management section for more information.
    - b. If the records do not have a Record Series Number, use State Form 30505 as described above.
  2. Destroy records in accordance with the listed Record Series Number and complete the Destruction Information fields on this form.
  3. Send one (1) copy of the completed form to the secretary of your County Commission of Public Records for inclusion in the minutes of the next meeting and retain one (1) for your records.

CONTACT INFORMATION			
Name of office <b>Mt. Vernon Community School Corporation</b>		County <b>Lancaster</b>	
Address (number and street) <b>1806 W. State Rd 234</b>		City <b>Fortville</b>	ZIP code <b>46040</b>
Name of contact person		Telephone number <b>317-485-3100</b>	E-mail address

RECORD SERIES INFORMATION			
RECORD SERIES TITLE OF RECORDS TO BE DESTROYED	DATE RANGE OF RECORDS (m / yyyy to m / yyyy)	RECORD SERIES NUMBER (REQUIRED)	VOLUME (number of boxes, rolls, etc.)
Book Rental			
Statewide Credit	2012 <sup>to</sup> 2013		1 Box
Trial Balance	12/07 <sup>to</sup> 1/08		1 Box
Trial Balance	1/08 <sup>to</sup> 2/08		1 Box
Trial Balance	3/08 <sup>to</sup> 3/08		1 Box
Trial Balance	4/08 <sup>to</sup> 4/08		1 Box
Trial Balance	5/08 <sup>to</sup> 6/08		1 Box
Trial Balance	7/08 <sup>to</sup> 7/08		1 Box
Trial Balance	8/08 <sup>to</sup> 8/08		1 Box
Trial Balance	9/08 <sup>to</sup> 9/08		1 Box
Trial Balance	11/08 <sup>to</sup> 11/08		1 Box
Trial Balance	12/08 <sup>to</sup> 12/08		1 Box
Board Bills	4/12 <sup>to</sup> 6/12		1 Box

DESTRUCTION INFORMATION		
These records were destroyed according to a retention schedule approved for use by the Indiana Oversight Committee on Public Records.		
Signature of official destroying records <i>Carla Nugent</i>		Date signed (month, day, year) <b>3/12/24</b>
Printed name of official destroying records <b>Carla Nugent / Ann Shirley</b>	Position <b>Admin Assistant Accounts Payable</b>	Date records destroyed (month, day, year)



**NOTICE OF DESTRUCTION OF COUNTY / LOCAL  
GOVERNMENT RECORDS IN ACCORDANCE WITH  
AN APPROVED RETENTION SCHEDULE**

State Form 44905 (R10 / 4-23)

**INDIANA ARCHIVES AND RECORDS ADMINISTRATION  
COUNTY / LOCAL RECORDS MANAGEMENT**

402 West Washington Street, Room W472

Indianapolis, Indiana 46204

Telephone: 317-232-3380

E-mail: [cty@lara.in.gov](mailto:cty@lara.in.gov)

*This form is to be used only for documenting the destruction of records as scheduled on an approved county / local records retention schedule.*

*For requests to dispose of records not listed on a retention schedule use State Form 30505. For requests to transfer records scheduled as PERMANENT to a local historical entity instead of maintaining them in the originating office or transferring them to the Indiana Archives, use State Form 57236.*

- INSTRUCTIONS:**
1. Complete ALL Contact and Record Series Information fields. Record Series Number is **REQUIRED** for all records listed.
    - a. If you do not know the Record Series Number, contact IARA's County / Local Records Management section for more information.
    - b. If the records do not have a Record Series Number, use State Form 30505 as described above.
  2. Destroy records in accordance with the listed Record Series Number and complete the Destruction Information fields on this form.
  3. Send one (1) copy of the completed form to the secretary of your County Commission of Public Records for inclusion in the minutes of the next meeting and retain one (1) for your records.

CONTACT INFORMATION			
Name of office <b>Mt. Vernon Community School Corporation</b>		County <b>Hancock</b>	
Address (number and street) <b>1806 W. State Rd 234</b>		City <b>Fortville</b>	ZIP code <b>46040</b>
Name of contact person	Telephone number <b>317-485-3100</b>		E-mail address

RECORD SERIES INFORMATION			
RECORD SERIES TITLE OF RECORDS TO BE DESTROYED	DATE RANGE OF RECORDS (m / yyyy to m / yyyy)	RECORD SERIES NUMBER (REQUIRED)	VOLUME (number of boxes, rolls, etc.)
<b>Board Bills</b>	<b>11/11 to 3/12</b>		<b>1 Box</b>
<b>Board Bills</b>	<b>7/12 to 12/12</b>		<b>1 Box</b>
<b>Bank Statements, outstanding check reports, Appropriation Report 2015 Performance Review</b>	<b>2014 to 2016</b>		<b>1 Box</b>
	to		
	to		
	to		
	to		
	to		
	to		
	to		
	to		

DESTRUCTION INFORMATION		
These records were destroyed according to a retention schedule approved for use by the Indiana Oversight Committee on Public Records.		
Signature of official destroying records <b>Carla Yt</b>		Date signed (month, day, year) <b>3/12/24</b>
Printed name of official destroying records <b>Carla Nugent / Ann Shirley</b>	Position <b>Admin Assistant Accounts payable</b>	Date records destroyed (month, day, year)