



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.

PART 1 REQUESTOR INFORMATION		
To be completed by originating government agency or active genealogical / historical entity of the county requesting permission to destroy certain public records.		
Name and address of originating government agency or genealogical / historical entity (number and street, city, state, and ZIP code)		
Mt. Vernon Middle School 1862 N. State Rd. 234, Fortville, IN 46040		
Name of originating government agency or genealogical / historical entity representative	Telephone number	E- mail address
Mt. Vernon Comm. School Corp.	317-485-3160	
Signature of originating government agency or genealogical / historical entity representative		Date (month, day, year)

PART 2 DESTRUCTION REQUEST		
Note: Public records with disclosure restrictions must be destroyed in such a manner that they cannot be read or recreated in accordance with IC 5-15-5.1-13, and may only be destroyed by the originating government agency or with written permission from the Indiana Archives. Public records may not be sold.		
Destroy (select one): <input checked="" type="checkbox"/> Nonscheduled records <input type="checkbox"/> Scheduled records ahead of their disposition date due to severe damage		
Method of destruction (select one):		
<input checked="" type="checkbox"/> Shredding <input type="checkbox"/> Incineration <input type="checkbox"/> Other method approved by the Indiana Archives: _____		
DESCRIPTION OF PUBLIC RECORDS TO BE DESTROYED		
If you need additional space, make as many copies as necessary of this page.		
NAME OR DESCRIPTION OF RECORDS (record series number is required for records on a retention schedule)	VOLUME OF RECORDS (number of boxes, folders, film rolls, data, et cetera)	DATE RANGE OF RECORDS (month / year to month / year)
SA-7, claim for payments	1 box	to
SA-7, claim for payments	1 box	June 2015 to May 2016
Check records	1 box	July 2009 to May 2010
ECA Athletic ticket stubs	2 boxes	July 2015 to May 2016
SA-7, claim for payments	1 box	July 2012 to May 2013
ECA Athletic ticket stubs	1 box	July 2021 to May 2022
Receipts and check copies	1 box	June 2015 to Dec. 2015
Receipts and check copies	1 box	Jan. 2016 to May 2016
8GA records	1 box	July 2017 to May 2018
Receipts	1 box	July 2017 to May 2018
SA-7, claim for payments	1 box	July 2017 to May 2018
Copies of student fees,fieldtrip forms,chromebook	1 box	July 2016 to May 2017
insurance, American Express bills	included in above	July 2016 to May 2017
Register receipts	1 box	July 2016 to May 2017
SA-7, claim for payments	1 box	July 2013 to May 2014
Check stubs, year end reports	1 box	July 2012 to May 2013
Receipts	1 box	Jan. 2014 to May 2014
SA-7, claim for payments	1 box	July 2011 to May 2012

PART 3 RESPONSE BY THE INDIANA ARCHIVES		
<i>Required: To be completed by an Indiana Archives representative before submission to the County Commission of Public Records.</i>		
Name of Indiana Archives representative	Telephone number	E-mail address
<input type="checkbox"/> The Indiana Archives wishes to procure the records described in Part 2. <input type="checkbox"/> 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.		
Signature of Indiana Archives representative		Date signed (month, day, year)

PART 4 ACTION BY THE INDIANA ARCHIVES		
<i>Required: To be completed by an Indiana Archives representative before submission to the County Commission of Public Records.</i>		
Name of Indiana Archives representative	Telephone number	E-mail address
<input type="checkbox"/> The Indiana Archives approves the request to destroy the records described in Part 2. <input type="checkbox"/> The Indiana Archives denies the request to destroy 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)

PART 5 RESPONSE FROM GENEALOGICAL / HISTORICAL ENTITY		
<i>Required: To be completed by a representative of each active genealogical / historical entity of the county, before submission to the County Commission of Public Records</i>		
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)		
<input type="checkbox"/> Our entity wishes to procure the records described in Part 2. <input type="checkbox"/> Our entity 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.		

PART 6 FINAL ACTION BY THE COUNTY COMMISSION OF PUBLIC RECORDS		
<i>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.</i>		
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)		
<input type="checkbox"/> The County Commission of Public Records approves the request to destroy or transfer the records described in Part 2. <input type="checkbox"/> 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 Public Records Chairperson	Date signed (month, day, year)