Local Government Records Office
PO Box 571, Jackson, MS 39205-0571
(601) 576-6894 · Fax (601) 576-6899
locgov@mdah.state.ms.us

RECORDS DISPOSAL AUTHORIZATION

Complete the top half, sign, and return to the Local Government Records Office

The _____ in _____
(name of office) *(name of city or county)*

requests authorization to dispose of the following records:

Name of Series	Date Range	Volume

This request is *(check one)*:

- ☐ Routine disposition
- ☐ Emergency disposition *(explain)*: _____

_____

_____ _____
Signed *Date*

_____
Name *Title*

_____
Mailing Address *City* *State* *Zip Code*

_____
Phone *Email address*

(This section to be completed by LGR Office)

MS Code authority § _____-_____-_____ Minimum retention _____

Last LGRO authorization: _____ _____ _____
Number *Date* *Date range approved*

Additional remarks:

Authorization # LGRO _____

In accordance with *Mississippi Code of 1972, Annotated*, §25-59-21, authorization is granted to dispose of the records series listed above.

_____ _____
Katie Blount, Director Date
Mississippi Department of Archives & History