

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 Requested	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 _____

Previous LGRO authorization: _____
Number *Date* *Date range previously 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
 Mississippi Department of Archives & History

Date