

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 LGRO)

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