

## APPENDIX D

### UPDATE REQUEST FORM

TO REQUEST OR SUGGEST A CHANGE TO THE *COLORADO MUNICIPAL RECORDS RETENTION SCHEDULE*:

1. COMPLETE THE REQUIRED INFORMATION ON A COPY OF THIS FORM.
2. MAIL COMPLETED UPDATE REQUEST FORM TO: MR. TERRY KETELSEN, COLORADO STATE ARCHIVIST, 1313 SHERMAN STREET, ROOM 1B-20, DENVER, CO 80203. FOR FURTHER INFORMATION, CONTACT THE COLORADO STATE ARCHIVES AT (303) 866-2055.

CHANGE REQUESTED BY:

NAME OF MUNICIPALITY: \_\_\_\_\_

CONTACT PERSON/TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

REQUESTED CHANGE	REASON FOR REQUESTED CHANGE	ADDITIONAL COMMENTS

Note: Attach additional pages if need