

APPENDIX C
APPROVAL REQUEST FORM

Name of Municipality: _____

Contact Person/Title: _____

Mailing Address: _____

Telephone: _____ E-Mail: _____

LOCAL EXCEPTIONS:

(List and provide basis and description of any local exceptions for records retention periods that are specified by local ordinance, Home Rule Charter provision, formal direction of the governing body, etc., that differ from those set out in the Colorado Municipal Records Retention Schedule. Use additional pages if needed.)

THE ABOVE MUNICIPALITY HEREBY REQUESTS APPROVAL FROM THE COLORADO STATE ARCHIVES TO FOLLOW THE COLORADO MUNICIPAL RECORDS RETENTION SCHEDULE IN EFFECT ON _____, WITH THE LOCAL EXCEPTIONS INDICATED.

SIGNATURE OF AUTHORIZED MUNICIPAL REPRESENTATIVE

DATE OF SUBMITTAL OF REQUEST FOR APPROVAL

MAIL APPROVAL REQUEST FORM TO: COLORADO STATE ARCHIVIST, 1313 SHERMAN STREET, ROOM 1B-20, DENVER, CO 80203. FOR FURTHER INFORMATION, CONTACT THE COLORADO STATE ARCHIVES AT 303-866-2550.

COLORADO STATE ARCHIVES APPROVAL

Approved By: _____

Date of Approval: _____