

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

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 needed.