



Department of Personnel & Administration  
 DoIT – COLORADO STATE ARCHIVES  
**CERTIFICATE OF RECORDS DISPOSAL**

Telephone (303) 866-4900  
 Fax: (303) 866-2229

To:

STATE ARCHIVIST  
 Colorado State Archives  
 1313 Sherman Street, Room 120  
 Denver, Colorado 80203

**AGENCY'S REPORT OF ACTION TAKEN WHERE DESTROY IS INDICATED ON THIS SCHEDULE AUTHORIZATION:**

In accordance with this scheduled Records Disposition Authorization, the following actions were accomplished on

\_\_\_\_\_ (Date)

\_\_\_\_\_ No records were destroyed under this schedule authorization.

\_\_\_\_\_ Records were destroyed under this schedule authorization. Please indicate below the manner in which the records were destroyed and the quantity (estimated cu. ft.)\*.

_____ Paper Recycle	Quantity	_____	Cu. Ft.
_____ Pulp Mill Vat	Quantity	_____	Cu. Ft.
_____ Shred and Bale	Quantity	_____	Cu. Ft.
_____ Deep Trench - Sanitary Land Fill	Quantity	_____	Cu. Ft.

**\*SEE OVER: "Reporting Quantities of Records" - Information sheet for conversions of quantity estimates of records.**

**STATE ARCHIVIST'S RECOMMENDATION FOR AGENCIES ON MICROFILMING PROGRAMS:**

Where microfilming of PERMANENT RECORDS is indicated on this schedule authorization, TRANSFER SILVER MICROFILM (CAMERA COPY OR FIRST GENERATION COPY) TO THE CUSTODY OF THE STATE ARCHIVIST.

PLEASE HELP US TO UPDATE OUR RECORDS. USE THE COMMENTS AREA TO NOTE CHANGES. THANK YOU.

Was your mailing address correct? If no, please provide us with your correct address. Yes\_\_\_ No\_\_\_

Do you have an e-mail address? If yes, please provide us with this information. Yes \_\_\_ No\_\_\_

Do you have an official web site address? If yes, please provide us with your site's URL. Yes\_\_\_ No\_\_\_

Comments:

Reported by: \_\_\_\_\_  
 Records Liaison Officer's Signature Title

Date: \_\_\_\_\_

**RETURN TO STATE ARCHIVES**