



DISPOSAL REQUEST FORM

DRF-1

Ministry/Agency:	Branch/Division:
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Address:

Contact Name (if other than the DRO) :	
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Tel:	email:
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Transfer/Transit Number (if applicable):	Location of Records:	
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Total # of Boxes:	Boxes #'s:	
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**PLEASE COMPLETE THE APPROPRIATE SECTION(S) BELOW. COMPLETED INVENTORY SHEETS MUST BE ATTACHED.
FORWARD THIS FORM WITH ATTACHED INVENTORY SHEET(S) TO:
Provincial Archivist c/o IMU Rm. 301 - 1870 Albert Street, Regina, Saskatchewan S4P 4B7**

DISPOSAL REQUEST

The ADMINISTRATIVE and/or OPERATIONAL records as described on the attached inventory sheets have met retention requirements as prescribed in ARMS2014 or the relevant operational schedule(s). I hereby request authorization to dispose of the records in question.

Disposition Requested by:	
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Designated Records Officer (DRO) Name, please print

Designated Records Officer: _____
(Signature)

DRO Address:	
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Date:

ARCHIVES USE ONLY:

Date Received: _____

Audit: Y N

GRB Number: _____