



# DISPOSAL REQUEST FORM

DRF-1

<b>Ministry/Agency:</b>	<b>Branch/Division:</b>
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<b>Address:</b>
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<b>Contact Name ( if other than the DRO) :</b>
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<b>Tel:</b>	<b>email:</b>
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<b>Transfer/Transit Number (if applicable):</b>	<b>Location of Records:</b>
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<b>Total # of Boxes:</b>	<b>Boxes #'s:</b>
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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 IMS 3<sup>rd</sup> Floor – 2440 Broad Street, Regina, Saskatchewan S4P 0A5**

## 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.

<b>Disposition Requested by:</b>
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**Designated Records Officer (DRO) Name, please print**

**Designated Records Officer:** \_\_\_\_\_  
(Signature)

<b>DRO Address:</b>
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<b>Date:</b>
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**ARCHIVES USE ONLY:**

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

Audit:   Y   N

GRB Number: \_\_\_\_\_