

# The Commonwealth of Massachusetts

**William Francis Galvin**

Secretary of the Commonwealth

Records Conservation Board – Massachusetts Archives at Columbia Point

220 Morrissey Blvd., Boston, Massachusetts 02125-3384

Email: [rcb@sec.state.ma.us](mailto:rcb@sec.state.ma.us)

Website: [www.sec.state.ma.us/arc/arcrmu/rmuidx.htm](http://www.sec.state.ma.us/arc/arcrmu/rmuidx.htm)

Phone: 617-727-2816 Fax: 617-288-8429

## FORM RCB-2U – UNIVERSAL APPLICATION FOR DESTRUCTION PERMISSION (PAPER AND ELECTRONIC)

**IMPORTANT!** Your Agency **must** submit this form to request permission to destroy the **last copy** of a record as authorized by its applicable retention schedule. This form replaces forms RCB-2 and RCB-2E. You do not need to submit a form to destroy records designated ADMINISTRATIVE USE.

1. Destruction Permission for: \_\_\_\_\_  
*Agency, Authority, Executive Office*

\_\_\_\_\_  
*Subdivision of Agency, Authority, or Executive Office*

2. Total approximate volume of records to be destroyed (boxes, file drawers, cubic feet, megabytes, gigabytes, number of electronic records, etc.):

\_\_\_\_\_

3. Are these records stored at the State Records Center?  YES  NO

4. Name and phone number of person whom the RCB may contact to discuss the contents of this application:

\_\_\_\_\_  
*Print or Type Name* *Phone*

\_\_\_\_\_  
*Address*

5. I certify that the records listed below are eligible for destruction under the applicable retention schedule as cited below, and are not the subject of any litigation hold or pending or actual audit or investigation.

\_\_\_\_\_  
*Print or Type Name* *Phone* *Date*

**DO NOT USE THIS SPACE  
(RCB USE ONLY)**

**APPROVALS:**  
Pursuant to the provisions of M.G.L. c. 30, § 42, as most recently amended, the Records Conservation Board hereby grants permission to destroy the records listed in this application under the Disposal Schedule(s) above.

**RECORDS  
CONSERVATION BOARD**

\_\_\_\_\_  
*Chairman*

\_\_\_\_\_  
*Secretary*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date of approval*

Applicable Schedule	Section	Description of Record	Retention Period	Inclusive Dates (MM/YY - MM/YY)
01-17	D2-4b	Fiscal Audit Records	6 years	01/00-12/04

*Please list additional records on a separate sheet(s).*

