

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

Records Management Unit – Massachusetts Archives at Columbia Point

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FORM RMU-2 – APPLICATION FOR DESTRUCTION PERMISSION

IMPORTANT! Record custodians must re-submit this form **each time** they intend to destroy any of the records listed herein. **No record can be destroyed unless it is included in an authorized disposal schedule.**

1. Destruction Permission for: _____
Municipal Entity (city, town, school committee, etc.)

2. Total approximate volume of records proposed to be destroyed (cubic feet, file drawers, boxes, etc.)

3. Location of records: _____

4. The last audit of accounts of this office was completed on _____
Month/Day/Year

5. I certify that the last entries on the records listed in this application were made **prior** to the retention date of this agency's Disposal Schedule(s) thus satisfying the legal requirements that certain records be kept for a specified length of time and are not subject to pending audit or investigation.

Print or Type Name

Address

Phone

Signature of Department Head or Authorized Agent

Date

DO NOT USE THIS SPACE

Disposal Schedule(s) #

APPROVALS:

Pursuant to provisions of MGL, ch. 66, Supervisor of Public Records hereby grants permission to destroy the records listed in this application under the Disposal Schedule(s) above.

SUPERVISOR OF
PUBLIC RECORDS

Supervisor of Public Records

_____/_____/_____
Date of approval

Item No.	Description of Record (Give Form # if any)	Retention Period	Inclusive Dates
<i>Example:</i> 1.104	Personnel, Leave Reports (Authorized)	Retain 3 years	01/90-12/00

Please list additional records on a separate sheet(s)