

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-2M – APPLICATION FOR DESTRUCTION PERMISSION

IMPORTANT! Records revised to be microfilmed before they are destroyed. You must re-submit this form **each time** your agency destroys 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. I certify that the records listed below have been microfilmed as required by the indicated disposal schedule. All microfilming has been conducted in accordance with the requirements of 950 Code of Massachusetts Regulations 39.00. The microfilm product has been inspected and found to be a complete and accurate representation of the original records, and in compliance with quality specifications of 950 CMR 39.00.

Department Head or Authorized Agent

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.

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> 01.008	Audit Report	10 years	01/90-12/00

Please list additional records on a separate sheet(s)