

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-2E – APPLICATION FOR SCANNING & DESTRUCTION PERMISSION

IMPORTANT! 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 scanned as required by the indicated disposal schedule. I further certify that the scanned records will be accessible for the full retention period. All scanning has been conducted in accordance with the Massachusetts Public Records Law. The scanned images have been inspected and found to be a complete and accurate representation of the original record.

Print or Type Name

Address

Phone

Signature of Department Head or Authorized Agent

Date

Signature of Chief Information Officer or Authorized Designee

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) | 3 years | 01/90-12/00 |
| | | | |

Please list additional records on a separate sheet(s)