

DISPOSAL REQUEST FORM

DRF-1

Government Institution:			
Branch/Division:			
Address:			
Contact Name (if other than the DRO):			
Tel:		email:	

Transfer/Transit # (if applicable):		Location of Records:	
Total # of Boxes:	Boxes #'s:		

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 3rd Floor – 2440 Broad Street, Regina, Saskatchewan S4P 0A5 or to recordhelp@archives.gov.sk.ca

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.

Disposition Requested by:			
Designated Records Officer (DRO) Name, please print:			
DRO Address:			
DRO Signature:		DRO Approval Date:	

FOR MORE INFORMATION, PLEASE CONTACT:
INFORMATION MANAGEMENT SERVICES (IMS)
 (306) 787-0734 recordhelp@archives.gov.sk.ca www.saskarchives.com

ARCHIVES USE ONLY:

Date Received: _____

GRB Number: _____