

# REQUEST FOR DESTRUCTION

(To be used for destruction of Public Records/Non-Records)

**AGENCY CODE:**  
**AGENCY NAME:**  
**DIVISION:**  
**RLO NAME:**  
**ADDRESS:**  
**CITY, STATE, ZIP:**  
**E-MAIL:**  
**PHONE:**

**DATE:**

**DESTRUCTION:**  
 On-Site  
  
 Record Center:  
 Albuquerque  
 Santa Fe

**INSTRUCTIONS:**

Use the exact record classification title and number as given in the Records Retention and Disposition Schedule.  
 Forward the original signed request to NM State Records and Archives - 1205 Camino Carlos Rey - Santa Fe, NM 87507

**Records that have met retention**

We hereby request permission to destroy the records described below. By signing below I certify that the records retention period as established by the Functional Records Retention and Disposition Schedule (FRRDS) has expired.

**Source documents that are on an imaging/microfilm/COM plan**

By signing below I certify that: (1) all images/masters silver halide microfilm/COM meet(s) all imaging/microfilm/COM standards outline in 1.14.2 NMAC; (2) all records have been verified and are complete and contain all information as shown on the originals through 100% quality control procedures; and (3) the agency imaging/microfilm/COM plan was approved by the State Records Administrator and is current.

RECORD CLASSIFICATION NUMBER	RECORDS CLASSIFICATION TITLE - SECONDARY DESCRIPTOR	TRIGGER DATE (MM/DD/YYYY)	QUANTITY (BOXES/ # of E-RECORDS)

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

*By signing I certify that I have the authority to request the destruction of the above records and that the records have been correctly classified in accordance with 1.21.2 NMAC.*

Analyst:	RMD Director:	Record Center:
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SRCA #	For CPR office use only
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