COUNTY CODE:							
COUNTY NAME:							
DIVISION:					DEST	RUCTION	
CONTACT:					(On-site	
ADDRESS:						_	
CITY, STATE ZIP:					Reco	rds Center	
E-MAIL:					Albuq	uerque	
PHONE:					Sa	anta Fe	
County Government Notice I	Requirement	Date	of the Propos	sed Destructi	on:		
registered or certified mail to t proposed destruction and the t the date of the proposed destru	arged with the custody of any records the state records administrator, state ype and date of the records he intend- action. If the state records administra strator to have the documents by call	records center, ls to destroy. The tor wishes to p	Santa Fe, No he notice sha reserve any o	ew Mexico, o all be sent at l of the records	f the date east sixty	e of the days before	
RECORD CLASSIFICATION NUMBER	RECORD CLASSIFICATION TITLE - SECONDARY DESCRIPTOR	START DATE (MM/DD/YYYY)	TRIGGER DATE (MM/DD/YYYY)	QUANTITY	TRANSFER TO ARCHIVES		
					Yes	No	
					Yes	No	
					Yes Yes	No No	
					Yes	No	
					Yes	No	
					Yes	No	
				 	Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes Yes	No No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes	No	
					Yes Yes	No No	
					168	NO	
Signature Printed Name				Date	2		
* By signing I certify that I a	um authorized to sign this notice on b	ehalf of the rec	ords custodi	an.			
Analyst:	RMD Director:	RMD Director:			Records Center:		
SDCA#	For CPR office us						

County Notice of Destruction Form

DATE:_____