County Notice of Destruction Form					TE:	1 1
COUNTY CODE:						
COUNTY NAME:						
DIVISION:					DEST	RUCTION
CONTACT:						On-site
ADDRESS:						
CITY, STATE ZIP:					Reco	ords Center
E-MAIL:					Albud	querque
PHONE:						anta Fe
THONE.					5	anta i c
County Government Notice	Requirement	Data	of the Drope	and Dastruati	on: /	
_	•		-	sed Destruction		
registered or certified mail to proposed destruction and the the date of the proposed destr	the state records administrator, state type and date of the records he inten- ruction. If the state records administra- istrator to have the documents by cal	records center, ds to destroy. That or wishes to p	Santa Fe, N he notice sha reserve any	ew Mexico, or all be sent at loof the records	of the dat least sixt	e of the y days before
RECORD CLASSIFICATION NUMBER	RECORD CLASSIFICATION TITLE - SECONDARY DESCRIPTOR	START DATE (MM/DD/YYYY)	TRIGGER DATE (MM/DD/YYYY)	QUANTITY	UANTITY TRANSFER TO ARCHIVES	
		(MM/DB/1111)	(MINI DB/1111)		Yes	No
					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
Signature Printed Name Date						
Date Panice Name Date						
* By signing I certify that I	am authorized to sign this notice on	behalf of the rec	cords custod	ian.		
State Archives review and date:	Deputy State Records Administrator review and date:					
Agency Analysis Analyst review and date: RMD Division Director review and date: Records Center drop off signature and						nature and date:
State Records Administrator:Date						
Requests the preservation	on of the above records at the State R	ecords Center &	& Archives:	Yes	No	