



AGENCY NOTICE OF INTENT TO DESTROY RECORDS

Name of Agency	Date Prepared	Date Received (leave blank)
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Name of Division	Phone Number
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Schedule or RDA Number	Series Number	Series Title	Inclusive Dates of Records	Volume Cubic Feet

I hereby certify that for the above listed records, all state and federal audits have been completed, all applicable audit reports have been accepted and resolved by all applicable federal and state agencies and no legal actions are pending.

Signature of Agency Official

Title of Agency Official

_____ APPROVED

Signature of State Records Administrator or Designee

_____ DENIED

Date