

REQUEST FOR PERMISSION TRANSFER CERTAIN PUBLIC RECORDS (PR-1B)

State Form 57236 (4-23)

Contact the Indiana Archives and Records Administration at cty@iara.in.gov before filling out this form.

Parts 1 - 5 must be completed prior to submitting to the Secretary of the County Commission on Public Records.

PART 1		REQUESTOR INFORMATION	
To be completed by originating government agency or active genealogical / historical entity of the county requesting permission to transfer certain public records.			
Name and address of originating government agency or genealogical or historical entity (number and street, city, state, and ZIP code)			
Name of originating government agency or genealogical or historical entity representative		Telephone number	E- mail address
Signature of originating government agency or genealogical or historical entity representative			Date (month, day, year)

PART 2		TRANSFER REQUEST	
<p>Note: Public records must be transferred in accordance with IC 5-15-5.1-14 and IC 5-15-6-7. Public records may not be sold.</p>			
<p>Transfer (<i>select one</i>):</p>			
<input type="checkbox"/> Nonscheduled public records to the Indiana Archives.	<input type="checkbox"/> Scheduled public records to the Indiana Archives in lieu of scheduled destruction.		
<input type="checkbox"/> Nonscheduled public records to an active genealogical or historical entity of the county.	<input type="checkbox"/> Scheduled public records to an active genealogical or historical entity of the county.		
	<input type="checkbox"/> Scheduled public records from an active genealogical or historical entity to the originating agency OR the Indiana Archives OR another active genealogical or historical entity		

[illegible]

PART 3 RESPONSE BY THE INDIANA ARCHIVES

Required: To be completed by an Indiana Archives representative before submission of this form to the County Commission of Public Records.

Name of Indiana Archives representative	Telephone number	E-mail address
<input type="checkbox"/> The Indiana Archives wishes to procure the records described in Part 2.		
<input type="checkbox"/> The Indiana Archives does not wish to procure any of the records described in Part 2.		
List all records you wish to procure below. Write "All" if you wish to procure all records listed in Part 2.		
Signature of Indiana Archives representative		Date signed (month, day, year)

PART 4 ACTION BY THE INDIANA ARCHIVES

Required: To be completed by an Indiana Archives representative before submission of this form to the County Commission of Public Records.

Name of Indiana Archives representative	Telephone number	E-mail address
<input type="checkbox"/> The Indiana Archives approves the request to transfer the records described in Part 2.		
<input type="checkbox"/> The Indiana Archives denies the request to transfer the records described in Part 2.		
List any limitations, exceptions, or reasons for denial below:		
Signature of Indiana Archives representative		Date signed (month, day, year)

PART 5 GENEALOGICAL / HISTORICAL ENTITY WISHING TO PROCURE THE RECORDS

As applicable: To be completed before submission to the County Commission of Public Records by an active genealogical / historical entity of the county that wishes to procure the records described in Part 2.

Name of genealogical / historical entity representative	Telephone number	E-mail address
Office address of genealogical / historical entity representative (number and street, city, state, and ZIP code)		
List all records you wish to procure below. Write "All" if you wish to procure all records listed in Part 2.		

PART 6 FINAL ACTION BY THE COUNTY COMMISSION OF PUBLIC RECORDS

Required: To be completed by the Secretary of the County Commission after receipt of this form with Parts 1 - 5 completed. One copy to be sent to the requestor. One copy to be recorded with the minutes of the County Commission on Public Records.

Name of Secretary of County Commission of Public Records	Telephone number	E-mail address
Office address of Secretary of County Commission of Public Records (number and street, city, state, and ZIP code)		
<input type="checkbox"/> The County Commission of Public Records approves the request to transfer the records described in Part 2.		
<input type="checkbox"/> The County Commission of Public Records denies the request to transfer the records described in Part 2.		
List any limitations, exceptions, or reasons for denial below:		
Signature of Secretary of County Commission of Public Records		Date signed (month, day, year)
Name of County Commission of Public Records Chairperson	Signature of County Commission of Public Records Chairperson	Date signed (month, day, year)