

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 INFORMA	TION				
To be completed by originating government agency or active ge				n to transfer certain public records.		
Name and address of originating government agency or genealogical or	historical entity (number an	d street, city, state, and ZIP c	code)			
Name of originating government agency or genealogical or historical enti-	ty representative	Telephone number	E- mail a	ddress		
Signature of originating government agency or genealogical or historical entity representative			Date (month, day, year)			
PARTA	TRANSFER REQUES	-				
PART 2 Note: Public records must be transferred in accordance with IC	TRANSFER REQUES		not be cold			
Transfer (select one):	5-15-5. 1-14 and 1C 5-13	5-0-7. Public records may	not be soid.			
☐ Nonscheduled public records to the Indiana Archives.	☐ Scheduled public records to the Indiana Archives in lieu of scheduled destruction.					
Nonscheduled public records to an active genealogical or historical entity of the county.	 Scheduled public records to an active genealogical or historical entity of the county. 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 					
Name of the genealogical or historical entity to which the public records v						
DESCRIPTION	OF PUBLIC RECORD	S TO BE TRANSFERRE	D			
If you need additional space, make as many copies as necessa	ry of this page.			_		
NAME OR DESCRIPTION OF RECORDS (record series number is required for scheduled records)		UME OF RECORDS s, folders, film rolls, data, et d	etera)	DATE RANGE OF RECORDS (month / year to month / year)		
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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		ne number		E-mail address				
The Indiana Archives wishes to procure the records descr								
The Indiana Archives does not wish to procure any of the								
List all records you wish to procure below. Write "All" if you wish to proc	cure all rec	cords listed in Part 2.						
Signature of Indiana Archives representative					Date signed (month, day, year)			
PART 4 AC	TION 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		ne number	E-mail ad	•				
☐ The Indiana Archives approves the request to transfer the	records	described in Part 2.						
☐ 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)			
DART - OFFICE OF								
PART 5 GENEALOGICAL / HISTORICAL ENTITY WISHING TO PROCURE THE RECORDS								
As applicable: To be completed before submission to the Count					prical entity of the county that			
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