



**REQUEST FOR EXCEPTION TO COUNTY / LOCAL RETENTION SCHEDULE OR PERMISSION TO DISPOSE OF NON-SCHEDULED COUNTY / LOCAL PUBLIC RECORDS (PR-1)**

State Form 30505 (R8 / 6-20)

**INDIANA ARCHIVES AND RECORDS ADMINISTRATION  
COUNTY / LOCAL RECORDS MANAGEMENT**  
402 West Washington Street, Room W472  
Indianapolis, Indiana 46204  
Telephone: 317 232-3380  
E-mail: [clj@iara.in.gov](mailto:clj@iara.in.gov)

Please contact IARA at the above address if you have any questions while filling out this form.

**INSTRUCTIONS – Originating Agency:**

1. This form is for permission to destroy or transfer the ONLY copy of public records. No permission is required to microfilm paper records or to destroy originals after microfilming. As long as one (1) copy of the information is maintained in paper or microfilm format, all other copies may be destroyed at any time.
2. Fill out all information on the first page of this form. Contact the Indiana Archives or local historical entity to confirm interest prior to initiating a request to transfer.
3. File one (1) copy with your County Commission of Public Records, and retain one (1) copy for your own records.
4. Upon receipt of an approved copy from your County Commission of Public Records, follow the instructions dictated on the second page of this form and retain a copy for your records. (Your original copy of the request may be destroyed on receipt of the approved version.)

**INSTRUCTIONS – County Commission of Public Records:**

- Step 1.** Upon approval of this request by the County Commission, the Secretary must preserve one (1) copy as part of the minutes of the County Commission, send one (1) copy to the county historical society or equivalent local historical entity if such exists, send one (1) copy to IARA at the above address, and retain one (1) copy for Step 2.
- Step 2.** Fill out the section labeled "FINAL NOTIFICATION FOR ORIGINATING AGENCY" and send to the contact person at the originating agency, once:
- a. The local historical entity or IARA has requested that records be transferred to them; OR
  - b. Sixty (60) days have passed with no contact from the historical entity / IARA, and records may be disposed of subject to any limitations listed on page 2.

**TO BE COMPLETED BY THE ORIGINATING AGENCY OR OFFICE.**

Name of government agency <b>Whitko Community School Corporation</b>		Date (month, day, year) <b>08/04/2020</b>
Address of government agency (number and street, city, state, and ZIP code) <b>710 N. State Road 5, Suite B, Larwill, IN 46764</b>		
Name of contact person <b>Shelley Monticue</b>	Telephone number <b>(260) 327-3677</b>	E-mail address <b>shelley.monticue@whitko.org</b>
Type of request (Check only one; complete a separate form for each type of request.)		
<input type="checkbox"/> Exception: Transfer scheduled records to the Indiana Archives in lieu of destruction	<input checked="" type="checkbox"/> Destroy unscheduled records	
<input type="checkbox"/> Exception: Transfer scheduled records to local historical entity in lieu of destruction	<input type="checkbox"/> Transfer unscheduled records to the Indiana Archives	
		<input type="checkbox"/> Transfer unscheduled records to local historical entity
TO: Secretary, Commission of Public Records, of <b>hosciousho</b> County, Indiana		
NAME OR DESCRIPTION OF RECORDS <i>(Include record series number if requesting and exception for scheduled records.)</i>	VOLUME OF RECORDS <i>(number of boxes, folders, film rolls, data, etc.)</i>	DATE RANGE OF RECORDS <i>(month/year to month/year)</i>
<b>Accounts Payable Claims</b>	<b>6 Boxes, 25920 cu. in.</b>	<b>01/2013 to 12/2013</b>
<b>Payroll Registers/Exceptions/Trial Balances/INPRES</b>	<b>2 Boxes, 8640 cu. in</b>	<b>01/2014 to 12/2014</b>
		to
		to
		to
		to
		to
		to
		to
		to
		to
Name of local historical entity, if transfer is being requested to such		
Requested by (originating agency representative): <b>Shelley Monticue</b>	Title <b>Deputy Treasurer</b>	Date (month, day, year) <b>08/04/2020</b>