

STATE OF FLORIDA DEPARTMENT OF STATE Division of Library and Information Services Form LS5E-105REff.2-09 Rule 1B-24.003, F.A.C.	Request for RECORDS RETENTION SCHEDULE	<i>Department of State Use Only</i> SCHEDULE NO. _____ Agency No. _____ <input type="checkbox"/> New Schedule <input type="checkbox"/> Revise Existing Schd #
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Agency Information

1. Agency Name: _____ Division: _____ Bureau: _____	2. RMLO Contact Information Name: _____ Phone: _____ E-mail: _____ Address: _____
3. Custodian Name: _____ Phone: _____	

Record Series Information

Retention schedules are established for **record series**, regardless of media or format. A record series is a group of related public records arranged under a single filing arrangement or kept together as a unit (physically or intellectually) because they consist of the same form, relate to the same subject or function, result from the same activity, document a specific type of transaction, or have some other relationship arising from their creation, receipt, or use.

4. Proposed Record Series Title. Provide a brief phrase summarizing the form, function and/or subject of the records, without using agency jargon or abbreviations.

5. Record Series Description. Provide a general description of the record series, including its purpose and use. This information should enable someone not familiar with the record series to identify it and understand its contents. Please attach any related forms or other documentation.

6. What is the primary purpose of this record series? *Administrative* *Legal* *Fiscal*

Is this record series subject to audit? *Yes* *No*

List any federal, state, or local statutes, laws, ordinances, rules or other legal or regulatory requirements specifically relating to this record series. Please attach copies, if available.

Agency Recommended Retention

7. Based on your agency's knowledge of the record series and its function, what is your agency's recommended retention period?

Record Copy: _____

Duplicate Copies: _____

Agency Authorization

8. Authorized by:

Signature	Title	Date
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PLEASE SUBMIT TO: Florida Department of State
 State Library and Archives of Florida
 Mail Station 9A
 Tallahassee, Florida 32399-0250

Please note that this is a retention schedule **request** and that the schedule is not available for use until reviewed and approved by the Department of State. You will be notified when this review is complete.