

Commission of Public Records State Records Center and Archives

Request to Store Electronic Disaster Recovery Files

(Please print the requested information)

| Agency Information | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Agency name | |
| Agency contact person | |
| Division | |
| Phone | |
| Fax | |
| Address | |
| E-mail | |
| Personnel Authorized to Access Electronic Vault | |
| Name | Signature |
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| Space Requirements | |
| What type of electronic media will be stored (e.g., tape, cassette, disk, etc.)? | |
| What is the approximate quantity of electronic media that will be stored (e.g., number of tapes/size, number of cassettes/size, number of diskettes/size)? | |
| Please provide a brief description of the electronic media contents. | |

Signature of Agency Records Custodian

Date

Signature of State Records Administrator

Date

| For SRCA use only. | Locker Number | Key Card Number |
|--------------------|---------------|-----------------|
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