

STATE OF OKLAHOMA
ARCHIVES AND RECORDS COMMISSION
RECORD CENTER NOTICE OF INTENT TO DESTROY RECORDS

Name of Agency	Date Prepared	Date Received (leave blank)
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Name of Division	Phone Number
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Schedule or RDA Number	Series Number	Series Title	Inclusive Dates of Records	Volume Cubic Feet

_____ Signature of Head of the Records Management Division	_____ Date of Proposed Destruction
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I hereby certify that for the above listed records, all state and federal audits have been completed, all applicable audit reports have been accepted and resolved by all applicable federal and state agencies and no legal actions are pending.

_____ Name of Agency Records Management Coordinator	_____ Signature of Agency Records Management Coordinator
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WHITE - Archives and Records Commission Copy GREEN - Records Management Division Copy YELLOW - Agency Copy	ARC Form 3 Rev. 07/99
RETURN ALL THREE COPIES TO THE STATE RECORDS MANAGEMENT DIVISION	