

**APPENDIX C**  
**APPROVAL REQUEST FORM**

Name of Municipality: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Local Exceptions:

(List and provide basis and description of any local exceptions for records retention periods that are specified by local ordinance, Home Rule Charter provision, formal direction of the governing body, etc., that differ from those set out in the Colorado Municipal Records Retention Schedule. Use additional pages if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above municipality hereby requests approval from the Colorado State Archives to follow the *Colorado Municipal Records Retention Schedule* in effect on \_\_\_\_\_, with the local exceptions indicated.

\_\_\_\_\_  
Signature of Authorized Municipal Representative

\_\_\_\_\_  
Date of Submittal of Request for Approval

Mail Approval Request Form to: Colorado State Archivist, 1313 Sherman Street, Room 120, Denver, CO 80203. For further information, contact the Colorado State Archives at 303-866-2358.

COLORADO STATE ARCHIVES APPROVAL

Approved By: \_\_\_\_\_

Date of Approval: \_\_\_\_\_