

<b>APPENDIX D</b> <b>UPDATE REQUEST FORM</b>
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To request or suggest a change to the Colorado Municipal Records Retention Schedule:

1. Complete the required information on a copy of this form.
2. Mail completed Update 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.

Change Requested By: \_\_\_\_\_

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

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

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

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

Requested Change	Reason for Requested Change	Additional Comments

Note: Attach additional pages if needed.