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| APPENDIX D UPDATE REQUEST FORM |
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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 |
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Note: Attach additional pages if needed.