

APPENDIX D UPDATE REQUEST FORM

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.