EXHIBIT B

Request and Authorization For Records Disposal Form

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL

INSTRUCTIONS: Please type or print. This request must be submitted prior to the disposition of any public records. State agencies must complete items 1 through 9, county and municipal agencies must also complete items 10. A and 10. B, if fiscal records are listed. Return intact form (all four parts) to: DISPOSAL REQUESTS, Department of State, Division of Archives and Records Management, 2300 Stuyvesant Avenue, P.O. Box 307, Trenton, N.J. 08625. For questions or assistance, call (609) 530-3200.

1. REQUESTING AGENCY NAME (Name, Address, Telephone No.)

2. REQUEST DATE

3. REQUESTED BY (Signature and Title)

4. REQUEST APPROVED BY (Signature and Title)

Authorization is hereby requested for the disposal of the following public records in accordance with New Jersey P.L. 1953, c. 410 as amended. It is further certified that the record series listed herein have exceeded their respective retention periods and are not involved in litigation and are not required for a present or future audit. NOTE: Items 5, 6, and 8 must be completed as they appear on an approved records retention schedule.

5. SERIES NUMBER	6. RECORD SERIES TITLE	7. INCLUSIVE DATES		8. RETENTION PERIOD	9. VOLUME (Cubic Feet)
		From (Mo/Yr)	To (Mo/Yr)		

FOR DIVISION USE ONLY:

TOTAL VOLUME

10. AUDIT VERIFICATION	11. AUTHORIZATION		12. DISPOSITION
10. A AUDITOR'S SIGNATURE	11. A AUTHORIZATION DATE	11. B AUTHORIZATION NUMBER	☐ SHRED ☐ RECYCLE ☐ TRANSFER TO ARCHIVES ☐ OTHER : _____
10. B DATE	11. C DIRECTOR'S SIGNATURE, DIVISION OF ARCHIVES & RECORDS MANAGEMENT		12. A VERIFICATION (Signature) / 12. B DATE

WHITE - Division YELLOW - Followup PINK - Requesting Agency GOLDENROD - Auditor

DEPARTMENT OF STATE - DIVISION OF ARCHIVES AND RECORDS MANAGEMENT

FORM NO. CR-AA-0005 (7/97)