DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
State Records Center
729-B Kakoi Street
Honolulu, Hawaii 96819

Notification of Records Destruction Eligibility

Date: ____________

TO: ____________________________ FROM: Records Management Branch

VIA: ____________________________

The stored records described below are eligible for disposal on: ____________________________

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Disposal Authority

Records Description

Your agency is responsible for removal and destruction of the above identified records within ninety (90) days of its destruction eligibility date. Indicate acknowledgement of notice and concurrence with destruction obligation by signing below and return to State Records Center by _____________________________. If an extension of the records destruction date is necessary, identify the new proposed destruction date and state justification here (continue on reverse side if necessary):

__________________________________________

__________________________________________

Signature Title Date

__________________________________________

__________________________________________

__________________________________________

Records Management Branch Use ONLY:

Removal/Disposal Date: ____________________________ Disposal Method: ____________________________

Disposal Accomplished by: ____________________________ (State Agency/Vendor Name)