# RECORDS RETENTION AND DISPOSAL SCHEDULE - LOCAL GOVERNMENT CONTACT INFORMATION SHEET

Michigan Department of Technology, Management and Budget Records Management Services

# SECTION 1. LOCAL GOVERNMENT CONTACT INFORMATION

Provide *contact information* for the local government agency that is submitting the Retention and Disposal Schedule for review and approval, so DTMB-Records Management Services knows who to contact about questions or concerns.

1. Date
2. **Local Government Type** *(Click* on *"Choose an item." And select from the drop-down list):*

## Choose an item.

1. Agency Name:
2. Contact Person Name:
3. Contact Person Phone Number:
4. Contact Person Email:

# SECTION 2. AGENCY REPRESENTATIVE

Provide the name and email address of the *agency representative* who will be signing the schedule, so the schedule can be sent to them using the State of Michigan's eSignature tool.

1. Agency Representative Name:
2. Agency Representative Job Title:
3. Agency Representative Email:

# SECTION 3. COMMENTS

1. Comments (optional):

## SUBMIT TO: DTMB Records Management Services via email at [recordscenter@michiqan.gov](mailto:recordscenter@michiqan.gov) for review (include Local Government Record Inventory form).