



AGENCY NAME: \_\_\_\_\_ AGENCY CODE: \_\_\_\_\_  
DIVISION/UNIT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

LIST CURRENT RECORDS MANAGEMENT OFFICER (RMO)

LIST RMO SUPERVISOR

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**CHECK BOX IF THERE IS A CHANGE IN RMO FROM PREVIOUS YEAR**

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**PLEASE LIST THE NAMES, TITLES, TELEPHONE NUMBERS, E-MAIL ADDRESSES OF ALL AGENCY PERSONNEL AUTHORIZED TO REQUEST RECORDS FROM THE MUNICIPAL RECORDS STORAGE FACILITIES. THANK YOU.**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE AFORMENTIONED AGENCY STAFF ARE AUTHORIZED BY THE AGENCY COMMISSIONER TO REQUEST RECORDS FROM THE DEPARTMENT OF RECORDS AND INFORMATION SERVICES – MUNICIPAL RECORDS MANAGEMENT DIVISION/STORAGE FACILITIES.**

**COMMISSIONER NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_