



<p>15. ANNUAL Accumulation of the Records  Letter/Legal-size drawers  Letter/Legal-size boxes  Other (specify)</p>	<p>16. TOTAL Accumulation of the Records (include all Storage locations)  Letter/Legal-size drawers  Letter/Legal-size boxes  Other (specify)</p> <p>Location(s) of records</p>
<p>17. Cite any state or federal policy, regulation or law, or professional organization's recommendation pertaining to the actions documented in this series. Please attach a copy of citation.</p>	
<p>18. Access to Records (attach copy of citation)</p> <input type="checkbox"/> No restrictions <input type="checkbox"/> Protected under the federal or state Privacy Protection legislation <input type="checkbox"/> Exempt from public disclosure under the federal or state Freedom of Information Act (FOIA) <input type="checkbox"/> Other legal restrictions (specify) _____	
<p>19. Your Recommended Retention and Disposition (complete as applicable)</p> <p>A. Total length of retention _____ days / months / years/ permanent</p> <p>B. Retain on-site _____ days / months / years</p> <p>C. Retain off-site _____ days / months / years</p> <input type="checkbox"/> Office storage <input type="checkbox"/> Records Storage <input type="checkbox"/> off-site storage <input type="checkbox"/> Transfer to State Archives <input type="checkbox"/> Other <p>D. Reformat after _____ days / months / years  Reformat to    <input type="checkbox"/> microfilm    <input type="checkbox"/> optical disk    <input type="checkbox"/> other  Retain reformatted material _____ days / months / years</p>	
<p>20. Comments/reasons for recommendations listed in No. 19 (include any citations requiring or recommending specific retention).</p>	
<p>21. Additional Comments (if needed)</p>	
<p>22. Survey Conducted By</p>	<p>23. Date of Survey</p>