|  |  |  |
| --- | --- | --- |
| State of Wisconsin  Department of Administration  Division of Enterprise Operations  DOA-3804 (R11/2016) |  | State Records Center (SRC)  4622 University Avenue, 10A  Madison, WI 53705  Phone: 608-266-2995  [DOADEORecordsCenter@wi.gov](mailto:DOADEORecordsCenter@wi.gov) |

Inventory Delete Request

**Instructions:** This form is used to requestthat a box(es) or indexed file(s) be deleted from Versatile (VSS), the State Records Center’s (SRC) inventory database. ***The form must be submitted by an agency records officer.*** The box/file records indicated on this form will be removed from VSS and therefore physical boxes/files cannot be returned to SRC shelves. (Note: If you plan to reuse the box itself, please remove the SRC barcoded label.) **All fields on this form must be completed.** Begin entering your data in Row 4 on the table below. The information shown on Rows 1-3 is intended only as a sample. *This form cannot be used for inventory associated with the Annual or Mid-Year routine disposition cycles.*

**Record Officers**: ***Please verify that this request to delete inventory from the SRC database is accurate.*** Then, email the completed form to: [DOADEORecordsCenter@wi.gov](mailto:DOADEORecordsCenter@wi.gov) .

**Agency Records Officer Approver:**

|  |  |
| --- | --- |
| Agency Name: | Agency Number: |
|  |  |
| Record Officer Authorizing Change(s): | Date: |
|  |  |

**Agency Requestor:**

|  |  |  |
| --- | --- | --- |
| Division Name: | | Division Number: |
|  | |
| Requestor Name (First and Last) | SRC User/Authorization ID: | Date: |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Check one:***  **BOX FILE** | | **Box/File Number** | **Reason for Request** | **Box/File Location** |
|  |  | 457962 | Duplicate label created in VSS by mistake | N/A; Data entry error |
|  |  | 579864 | Purged at agency. Records never returning to SRC | Agency |
|  |  | 367891 | Contents evaluated and re-boxed by agency | My office |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

This form can be made available in alternate formats to individuals with disabilities upon request.