|  |  |  |
| --- | --- | --- |
| State of WisconsinDepartment of AdministrationDivision of FACILITIES AND TRANSPORTATION SERVICESDOA-3804 (R02/2021) |  | State Records Center (SRC) 4622 University Avenue, 10AMadison, WI 53705Phone: 608-266-2995DOADEORecordsCenter@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 .

**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** |
| [x]  | [ ]  | 457962 | Duplicate label created in VSS by mistake | N/A; Data entry error |
| [ ]  | [x]  | 579864 | Purged at agency. Records never returning to SRC | Agency |
| [x]  | [ ]  | 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.