

DISASTER RECOVERY SERVICE APPROVAL FORM

Texas State Library – State and Local Records Management Division

RMD 113 (11/07)

See Reverse for Instructions

RMD 113 Approval Number

1. Agency Code	2. Agency/Division	3. Date of Request
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4. Record Medium <input type="checkbox"/> Electronic <input type="checkbox"/> Paper <input type="checkbox"/> Microform	5. Number of Containers Per Shipment
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6. Description of Records

7. Container Type
 Records Center Box Magnetic Tape Cartridge Disk Dimensions (L) _____ (W) _____ (H) _____
 Other: Describe _____

8. Service Schedule
 Daily Weekly Bi-Weekly Monthly Other: _____

9. Pickup and Delivery Location

10. List Staff Permitted Access

11. Name and Title of Person Completing This Form	12. Phone Number
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13. Agency Approval
Signature _____ Date _____
 Agency Head
 Records Management Officer

STATE AND LOCAL RECORDS MANAGEMENT DIVISION USE ONLY

- Records Management Officer Approved
- Retention Schedule On File
- Accepted for Storage
- Rejected (Give Reason)

Manager _____

Date _____

Instructions for Completing the RMD 113, Data Recovery Service Approval Form

1. Agency Code - Enter the three-digit agency code assigned by the Comptroller of Public Accounts.
2. Agency/Division - Enter complete agency name and the division or department originating the request.
3. Date of Request - Enter today's date.
4. Record Medium - Check the appropriate record medium.
5. Number of Containers per Shipment - Enter the estimated average number of containers per shipment.
6. Description of Records - Enter a brief description of the records being requested for storage on this form.
7. Container Type - Check the type of container being used for these records and enter the dimensions of the containers.
NOTE: All containers must be approved for storage prior to initiation of service.
8. Service Schedule - Check the service schedule desired.
9. Pickup and Delivery Location - Enter the street address where the records are to be picked up and delivered.
10. List Staff Permitted Access - List all agency staff who are authorized to request the records from storage both during normal business hours and after hours in the event of a disaster.
11. Enter the name and title of person completing this form.
12. Phone Number - Enter the phone number of the person completing this form.
13. Agency Approval - The records management officer or agency head must sign and date this form before submitting it to the State and Local Records Management Division.

Submit one copy of this form through **INTERAGENCY MAIL** to:

Texas State Library
State and Local Records Management Division
P O Box 12927
Austin, Texas 78711-2927

Additional information and assistance can be obtained by calling the records analyst assigned to your agency at (512) 421-7200.

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