

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

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|--|--------------------|---|
| 1. Agency Code | 2. Agency/Division | 3. Date of Request |
| 4. Record Medium <input type="checkbox"/> Electronic <input type="checkbox"/> Paper <input type="checkbox"/> Microform | | 5. Number of Containers Per Shipment |
| 6. Description of Records | | |
| 7. Container Type <input type="checkbox"/> Records Center Box <input type="checkbox"/> Magnetic Tape <input type="checkbox"/> Cartridge <input type="checkbox"/> Disk Dimensions (L) _____ (W) _____ (H) _____ <input type="checkbox"/> Other: Describe _____ | | |
| 8. Service Schedule <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ | | |
| 9. Pickup and Delivery Location _____ _____ | | |
| 10. List Staff Permitted Access _____ _____ _____ _____ _____ | | |
| 11. Name and Title of Person Completing This Form | | 12. Phone Number |
| 13. Agency Approval Signature _____ Date _____ | | <input type="checkbox"/> Agency Head <input type="checkbox"/> Records Management Officer |
| STATE AND LOCAL RECORDS MANAGEMENT DIVISION USE ONLY | | |
| <input type="checkbox"/> Records Management Officer Approved <input type="checkbox"/> Retention Schedule On File <input type="checkbox"/> Accepted for Storage <input type="checkbox"/> 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) 463-7610.

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