

## Monmouth County OPRS-RIM Records Management Request Form

Municipality:	
Primary Contact Name:	Primary Contact Telephone No.

<b>1st Priority</b>	Department:	<input type="checkbox"/> <b>Imaging</b> <input type="checkbox"/> <b>Inventory</b> <input type="checkbox"/> <b>Records Purge</b>
	Specify Record Types & Requirements for this Department:	
	Department Contact:	Telephone No.

<b>2nd Priority</b>	Department:	<input type="checkbox"/> <b>Imaging</b> <input type="checkbox"/> <b>Inventory</b> <input type="checkbox"/> <b>Records Purge</b>
	Specify Record Types & Requirements for this Department:	
	Department Contact:	Telephone No.

<b>3rd Priority</b>	Department:	<input type="checkbox"/> <b>Imaging</b> <input type="checkbox"/> <b>Inventory</b> <input type="checkbox"/> <b>Records Purge</b>
	Specify Record Types & Requirements for this Department:	
	Department Contact:	Telephone No.

Submitted By:	Date Submitted:
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