



# Vermont State Archives and Records Administration

## Office of the Secretary of State

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### RECORD INVENTORY FORM

Complete ONE FORM for each group or set of records (also known as a record series) created or received by a program or unit. All records and data, regardless of format, should be inventoried. Please be as detailed as possible.

#### SECTION 1: GENERAL INFORMATION

1. Agency/Department:		2. Business Program/Unit:	
3. Name of Person Preparing this Form:  Date: Email: Phone:		4. Name of Program/Unit Records Officer or Liaison:	
5. Common title of group or set of records (series):			
6. General description:		7. Administrative use and need:	
8. What is the activity on these records?		<input type="checkbox"/> Active (Accessed frequently: daily or weekly) <input type="checkbox"/> Semi-Active (Accessed as needed: monthly or less often) <input type="checkbox"/> Inactive (Rarely accessed, requested or needed)	
9. Users/requestors of these records include:		<input type="checkbox"/> Staff <input type="checkbox"/> Other state agencies <input type="checkbox"/> Federal government <input type="checkbox"/> Public	
10. Inclusive dates for series: From: To:	11. Format(s) -- <i>Check all that apply</i> <input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Databases/Systems <input type="checkbox"/> PDF/Word/Etc. <input type="checkbox"/> Other, please describe:	12. Present Volume (Paper and Electronic) Cubic Feet (Boxes) MB or GB (Electronic)	
13. Annual Accumulation Cubic Feet (Boxes) MB or GB (Electronic)	14. Records Arrangement <input type="checkbox"/> Alphabetical <input type="checkbox"/> Geographical <input type="checkbox"/> Chronological <input type="checkbox"/> Numerical	15. Are there other public agencies that create similar or related records? Can the same information be found elsewhere? If yes, please explain:	

#### SECTION 2: COMPLIANCE AND LEGAL REQUIREMENTS

Are the records in this series subject to:		
1. Legal or regulatory requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what requirements:
2. Audit or other independent review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom:
3. Exemptions to public use and inspection under State or Federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please cite law(s): How are records protected from unauthorized access or disclosure?
4. Current litigation, examination for discovery or an active public records request?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: