



Notice of Intention to Digitize

Section 1. Agency Information

Agency Name:

Sub-Unit Name (Division/Bureau/Office):

Address:

Project Coordinator:

Telephone Number:

Email:

Section 2. Record Series Description

Have retention periods been established for the records either in an approved agency specific records retention schedule or in the General Records Schedule?

Yes (if yes, answer the following)

Record Series Number:

Record Series Title:

Date Span of Records:

Physical Dimensions:

Section 2. cont. on next page



Rhode Island State Archives
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CONTACT

Phone: 401-222-2353

Email: statearchives@sos.ri.gov

Section 2. Record Series Description (cont.)

No (if no, answer the following)

Records Function and Content Description:

Date Span of Records:

Retention Period of Select Records:

Physical Dimensions:

Section 3. Document Color:

Black and White

Grayscale

Color



Section 4. Imaging Information

Agency using state Master Price Agreement contractor/vendor?

Yes (if yes, proceed to Section 5)

No (if no, answer the following)

List Hardware:

List Software:

Agency using Open System Architecture:

Yes (if yes, answer the following)

Image File Format:

Image Resolution:

No (if no, answer the following)

Indexing:

OCR

Manual

Database

Number of Fields:

Backup Media:

None

CD-R

WORM

Other:

Microfilm

Paper

Magnetic Tape



Section 5. I hereby certify that the information provided on this form is accurate.

Agency Head

Signature: _____

Print Name:

Date:

Project Coordinator

Signature: _____

Print Name:

Date:

State Archivist/Public Records Administrator

Signature: _____

Print Name:

Date:

Statutory Authority: R.I. Gen. Laws §§ 38-3-6(k) and 38-3-5.

Return to:

State Archives & Public Records Administration

33 Broad Street

Providence, RI 02903

Email: records@sos.ri.gov