

CITY OF CARSON
RECORDS MANAGEMENT
RECORDS DESTRUCTION AUTHORIZATIONAuthorization
Number

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

Date 11/13/2019	Department City Treasurer's Office	Division Administration	
Form No.	Name or Title of Record <i>Ex. A - Boxes requested for document destruction - Nov. 2019</i>		
PERIOD COVERED From <u>1970</u> To <u>2013</u>	ID/SERIAL NOS.	BOX OR BATCH NUMBER(S) <i>1 - 218 (excluding 176-178)</i>	AGE FROM DEC. 31 OF YEAR OF ORIGATION 49
JUSTIFICATION FOR DESTRUCTION			
<input checked="" type="checkbox"/> Duplicates <input type="checkbox"/> No public service value <input checked="" type="checkbox"/> No historical value <input checked="" type="checkbox"/> Obsolete <input type="checkbox"/> No legal value <input checked="" type="checkbox"/> Other <u>Retention Period Lapsed</u>			
MICROFILM STATUS			
<input type="checkbox"/> Records have been microfilmed. Certificate No. _____ <input type="checkbox"/> Records require microfilming prior to destruction. <input checked="" type="checkbox"/> Records to be destroyed without microfilming or reproduction.			
APPROVED - DEPARTMENT DIRECTOR <i>[Signature]</i>			DATE <i>11-13-19</i>

PART 2 - RECORDS MANAGEMENT COMMITTEE

THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON

____ Month ____ Day ____ Year

<input checked="" type="checkbox"/> Destruction is approved. <input type="checkbox"/> Destruction is not approved. <input checked="" type="checkbox"/> City Attorney / City Council approval required. <i>LTF</i> <input type="checkbox"/> Other	METHOD OF DESTRUCTION:	
	CERTIFICATE NO.	DATE
REMARKS		
CHAIRMAN - RECORDS MANAGEMENT COMMITTEE		DATE

PART 3 - CITY MANAGER

DESTRUCTION OF THE RECORDS CITED HEREIN IS
APPROVED.CITY ATTORNEY APPROVAL *as to consistency w/ state law.*

CITY MANAGER SIGNATURE

DATE

CITY ATTORNEY SIGNATURE *[Signature]* *LTF*

DATE

*12/19/19**2125120 JF.*