

CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION		Authorization 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-Boxer 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) <u>1 - 218 (excluding 176-178)</u>	AGE FROM DEC. 31 OF YEAR OF ORIGINATION <u>49</u>
JUSTIFICATION FOR DESTRUCTION			
<input checked="" type="checkbox"/> Duplicates		<input type="checkbox"/> No public service value	
<input checked="" type="checkbox"/> Obsolete		<input type="checkbox"/> No legal value	
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 <u>11-13-19</u>	

PART 2 – RECORDS MANAGEMENT COMMITTEE			
THE RECORDS DESCRIBED HEREIN ABOVE WERE REVIEWED BY THE COMMITTEE ON _____, _____, _____			
<input checked="" type="checkbox"/> Destruction is approved.		METHOD OF DESTRUCTION:	
<input type="checkbox"/> Destruction is not approved.			
<input checked="" type="checkbox"/> City Attorney / City Council approval required. <i>CTF</i>		CERTIFICATE NO.	DATE
<input type="checkbox"/> Other			
REMARKS			
CHAIRMAN – RECORDS MANAGEMENT COMMITTEE		DATE	

PART 3 – CITY MANAGER		CITY ATTORNEY APPROVAL as to consistency w/ state law.	
DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.		<i>[Signature]</i>	
CITY MANAGER SIGNATURE	DATE	CITY ATTORNEY SIGNATURE <i>[CTF]</i>	DATE <i>12/19/19</i>