

CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION	Authorization Number
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PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

Date 4/12/2018	Department Finance	Division Accounting
Form No.	Name or Title of Record	
PERIOD COVERED From 2009 To 2010	ID/SERIAL NOS.	BOX OR BATCH NUMBER(S) See Attached List
		AGE FROM DEC. 31 OF YEAR OF ORIGATION 7 years

JUSTIFICATION FOR DESTRUCTION

Duplicates No public service value No historical value
 Obsolete No legal value Other Retention Period Lapse

MICROFILM STATUS

Records have been microfilmed. Certificate No. _____
 Records require microfilming prior to destruction.
 Records to be destroyed without microfilming or reproduction.

APPROVED – DEPARTMENT DIRECTOR 	DATE 4-12-18
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PART 2 – RECORDS MANAGEMENT COMMITTEE

THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____

 Month Day Year

<input type="checkbox"/> Destruction is approved. <input type="checkbox"/> Destruction is not approved. <input type="checkbox"/> City Attorney / City Council approval required. <input type="checkbox"/> Other	METHOD OF DESTRUCTION: CERTIFICATE NO. DATE
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REMARKS

CHAIRMAN – RECORDS MANAGEMENT COMMITTEE	DATE
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PART 3 – CITY MANAGER DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.	CITY ATTORNEY APPROVAL
 _____ CITY MANAGER SIGNATURE	 _____ CITY ATTORNEY SIGNATURE
DATE 4/16/18	DATE 4/17/18

Exhibit No. 3

