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

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|------------------|----------------------------|---------------------------|
| Date 4/5/2021 | Department City Manager | Division Public Safety |
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| Form No. | Name or Title of Record Abandoned Vehicles |
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|--|----------------|-----------------------------------|---|
| PERIOD COVERED From 1985 To 1996 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 1-17 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 25-36 years |
|--|----------------|-----------------------------------|---|

JUSTIFICATION FOR DESTRUCTION

Duplicates No public service value No historical value
 Obsolete No legal value Other _____

MICROFILM STATUS

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

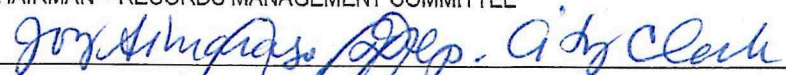
| | |
|---|------|
| APPROVED - DEPARTMENT DIRECTOR David Roberts  | DATE |
|---|------|

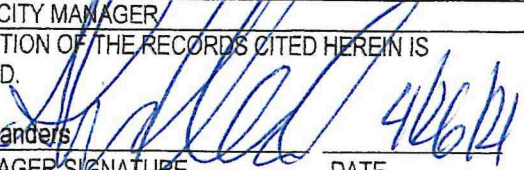
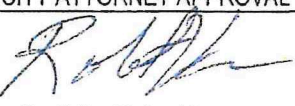
PART 2 - RECORDS MANAGEMENT COMMITTEE

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 |

REMARKS

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|---|-------------------|
| CHAIRMAN - RECORDS MANAGEMENT COMMITTEE  Joy Hingray, Dep. City Clerk | DATE 4/29/2021 |
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| PART 3 - CITY MANAGER DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.  Sharon Landers CITY MANAGER SIGNATURE DATE 4/6/21 | CITY ATTORNEY APPROVAL  For/Atty. Robert Lee CITY ATTORNEY SIGNATURE DATE 4/13/21 |
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| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
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PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|------------------|----------------------------|---------------------------|
| Date 4/5/2021 | Department City Manager | Division Public Safety |
|------------------|----------------------------|---------------------------|

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| Form No. | Name or Title of Record Case Files |
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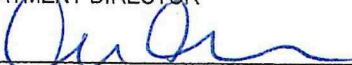
| | | | |
|--|----------------|-------------------------------------|---|
| PERIOD COVERED From 1988 To 1997 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 18-126 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 24-33 years |
|--|----------------|-------------------------------------|---|

JUSTIFICATION FOR DESTRUCTION

Duplicates No public service value No historical value
 Obsolete No legal value Other _____

MICROFILM STATUS

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

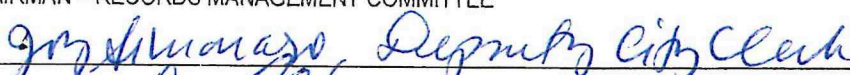
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|---|------|
| APPROVED - DEPARTMENT DIRECTOR David Roberts  | DATE |
|---|------|


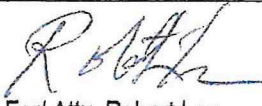
PART 2 - RECORDS MANAGEMENT COMMITTEE

THE RECORDS DESCRIBED HEREIN ABOVE WERE REVIEWED BY THE COMMITTEE ON _____ Month _____ Day _____ Year

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| <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 |

REMARKS

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|---|-------------------|
| CHAIRMAN - RECORDS MANAGEMENT COMMITTEE  Deputy City Clerk | DATE 4/29/2021 |
|---|-------------------|

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| PART 3 - CITY MANAGER DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.  Sharon Landers CITY MANAGER SIGNATURE | 4/27/21 DATE | CITY ATTORNEY APPROVAL  For/ Atty. Robert Lee CITY ATTORNEY SIGNATURE | 4/13/21 DATE |
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| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
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PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|------------------|----------------------------|---------------------------|
| Date 4/5/2021 | Department City Manager | Division Public Safety |
|------------------|----------------------------|---------------------------|

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| Form No. | Name or Title of Record Correspondence |
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|--|----------------|--------------------------------------|---|
| PERIOD COVERED From 1986 To 1998 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 127-146 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 23-35 years |
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JUSTIFICATION FOR DESTRUCTION

Duplicates No public service value No historical value
 Obsolete No legal value Other _____

MICROFILM STATUS

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

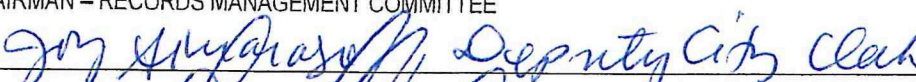
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|---|------|
| APPROVED – DEPARTMENT DIRECTOR David Roberts  | DATE |
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PART 2 – RECORDS MANAGEMENT COMMITTEE

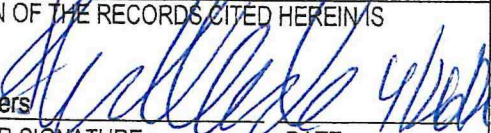

THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ Month _____ Day _____ Year

| | | |
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| <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 |


REMARKS

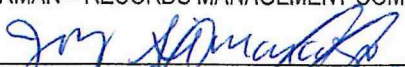
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| CHAIRMAN – RECORDS MANAGEMENT COMMITTEE  Deputy City Clerk | DATE 4/29/2021 |
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PART 3 – CITY MANAGER

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| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | CITY ATTORNEY APPROVAL |
|  Sharon Landers |  For/Atty. Robert Lee |
| CITY MANAGER SIGNATURE | CITY ATTORNEY SIGNATURE |
| DATE | DATE 4/13/21 |


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| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
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| PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 4/5/2021 | Department City Manager | Division Public Safety | |
| Form No. | Name or Title of Record Inspections and Fire Prevention Files | | |
| PERIOD COVERED From 1990 To 1994 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 147-151 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 27-31 years |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input type="checkbox"/> Duplicates <input checked="" type="checkbox"/> No public service value <input checked="" type="checkbox"/> No historical value <input checked="" type="checkbox"/> Obsolete <input checked="" type="checkbox"/> No legal value <input type="checkbox"/> Other _____ | | | |
| 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 David Roberts  | | | DATE |



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|--|--|------------------------|-------------------|
| PART 2 - RECORDS MANAGEMENT COMMITTEE | | | |
| THE RECORDS DESCRIBED HEREIN ABOVE 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 |
| REMARKS | | | |
| CHAIRMAN - RECORDS MANAGEMENT COMMITTEE  Deputy City Clerk | | | DATE 4/29/2021 |

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| PART 3 - CITY MANAGER | | CITY ATTORNEY APPROVAL | |
| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | |  | |
| Sharon Landers  | 4/26/21 | For/ Atty. Robert Lee | 4/13/21 |
| CITY MANAGER SIGNATURE | DATE | CITY ATTORNEY SIGNATURE | DATE |

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| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
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| PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 4/5/2021 | Department City Manager | Division Public Safety | |
| Form No. | Name or Title of Record Invoices, Logs and Personnel Records | | |
| PERIOD COVERED From 1990 To 1996 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 152-161 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 25-31 years |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input type="checkbox"/> Duplicates <input checked="" type="checkbox"/> No public service value <input checked="" type="checkbox"/> No historical value <input checked="" type="checkbox"/> Obsolete <input checked="" type="checkbox"/> No legal value <input type="checkbox"/> Other _____ | | | |
| 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 David Roberts  | | | DATE |

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|--|------------------------|-------------------|
| PART 2 - RECORDS MANAGEMENT COMMITTEE | | |
| THE RECORDS DESCRIBED HEREIN ABOVE 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 |
| REMARKS | | |
| CHAIRMAN - RECORDS MANAGEMENT COMMITTEE  Deputy City Clerk | | DATE 4/29/2021 |

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| PART 3 - CITY MANAGER | | CITY ATTORNEY APPROVAL | |
| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | |  | |
| Sharon Landers  | 4/20/21 | For/ Atty. Robert Lee | 4/13/21 |
| CITY MANAGER SIGNATURE | DATE | CITY ATTORNEY SIGNATURE | DATE |

| | |
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PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

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|------------------|----------------------------|---------------------------|
| Date 4/5/2021 | Department City Manager | Division Public Safety |
|------------------|----------------------------|---------------------------|

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| Form No. | Name or Title of Record Violations, Building, Property and Zoning Files |
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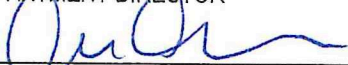
| | | | |
|--|----------------|--------------------------------------|---|
| PERIOD COVERED From 1989 To 1993 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 162-233 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 28-32 years |
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JUSTIFICATION FOR DESTRUCTION

Duplicates No public service value No historical value
 Obsolete No legal value Other _____

MICROFILM STATUS

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

| | |
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| APPROVED - DEPARTMENT DIRECTOR David Roberts  | DATE |
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PART 2 - RECORDS MANAGEMENT COMMITTEE

THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ Month _____ Day _____ Year

| | | |
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| | CERTIFICATE NO. | DATE |

REMARKS

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| CHAIRMAN - RECORDS MANAGEMENT COMMITTEE  Jay Arroyo, Deputy City Clerk | DATE 4/29/2021 |
|---|-------------------|

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| PART 3 - CITY MANAGER DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.  Sharon Landers CITY MANAGER SIGNATURE | DATE 4/13/21 | CITY ATTORNEY APPROVAL  For/ Atty. Robert Lee CITY ATTORNEY SIGNATURE | DATE 4/13/21 |
|---|-----------------|---|-----------------|