

CITY OF CARSON
RECORDS MANAGEMENT
RECORDS DESTRUCTION AUTHORIZATION

Authorization
Number

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

Date 3/9/2017	Department Administrative Services	Division Accounting	
Form No.	Name or Title of Record		
PERIOD COVERED From 2008 To 2009	ID/SERIAL NOS.	BOX OR BATCH NUMBER(S) See Attached List	AGE FROM DEC. 31 OF YEAR OF ORIGATION 7 Years
JUSTIFICATION FOR DESTRUCTION			
<input type="checkbox"/> Duplicates <input type="checkbox"/> No public service value <input type="checkbox"/> No historical value <input 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>K. Downs</i>			DATE 3-9-17

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			
CHAIRMAN - RECORDS MANAGEMENT COMMITTEE			DATE

PART 3 - CITY MANAGER		CITY ATTORNEY APPROVAL	
DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.			
<i>IC</i>	3/9/17	<i>[Signature]</i>	3/14/17
CITY MANAGER SIGNATURE	DATE	CITY ATTORNEY SIGNATURE	DATE