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CITY OF CARSON
RECORDS MANAGEMENT
RECORDS DESTRUCTION AUTHORIZATION

Authorization
Number
N/A

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

Date 5/1/2018	Department City Treasurer's Office (CTO)	Division Administration
Form No. N/A	Name or Title of Record Summary of Records Proposed for Destruction - Phase II	
PERIOD COVERED From 1968 To 2004	ID/SERIAL NOS. Account Statements and Files; Receipts, Purchase Orders; Correspondence; Cash, Rating, Replenishment, Investment, Financial, Revenue Reports, Deposit Slips	BOX OR BATCH NUMBER(S) 77
		AGE FROM DEC. 31 OF YEAR OF ORIGIN 36

JUSTIFICATION FOR DESTRUCTION

☒ Duplicates ☒ No public service value
☒ Obsolete ☐ No legal value ☒ Other Retention Period Lapsed

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

[Signature] DATE 5-1-18

PART 2 - RECORDS MANAGEMENT COMMITTEE

THE RECORDS DESCRIBED HEREIN ABOVE WERE REVIEWED BY THE COMMITTEE ON 05/01/2018

☒ Destruction is approved.
☐ Destruction is not approved.
☐ City Attorney / City Council approval required.
☐ Other

METHOD OF DESTRUCTION:
Professional On-Site Shredding Service

CERTIFICATE NO. DATE

REMARKS

CHAIRMAN RECORDS MANAGEMENT COMMITTEE
[Signature] DATE 9-20-18

PART 3 - CITY MANAGER

DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.

CITY MANAGER SIGNATURE *[Signature]* DATE 5/17/18

CITY ATTORNEY APPROVAL
DESTRUCTION OF THE RECORDS CITED HEREIN IS CONSISTENT WITH APPLICABLE STATE LAW.
[Signature] DATE 9/18/18

CITY ATTORNEY SIGNATURE DATE

