

CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION	Authorization Number
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PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS			
Date 10/1/2018	Department Finance	Division Accounting	
Form No.	Name or Title of Record		
PERIOD COVERED From 2010 To 2011	ID/SERIAL NOS.	BOX OR BATCH NUMBER(S) See Attached List	AGE FROM DEC. 31 OF YEAR OF ORIGATION 7
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 Lapse</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>H. Downs</i>			DATE 10-1-18

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>[Signature]</i> 10/2/18		<i>[Signature]</i> 10/2/18	
CITY MANAGER SIGNATURE	DATE	CITY ATTORNEY SIGNATURE	DATE

Exhibit No. 3