

| | | |
|---|------------------------|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | RECEIVED CITY CLERK | Authorization Number |
|---|------------------------|-------------------------|

2021 JAN 28 AM 9:09

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|-------------------|--|--|
| Date 1/26/2021 | Department CITY MANAGER | Division of CARSON PUBLIC SAFETY/CODE ENFORCEMENT |
| Form No. | Name or Title of Record DOCUMENTATION STORED IN PS CAGE (CITY YARD) (See attached List) | |

| | | | |
|--|----------------|------------------------------|---------------------------------------|
| PERIOD COVERED From 1998 To 2011 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 20 | AGE FROM DEC. 31 OF YEAR OF ORIGATION |
|--|----------------|------------------------------|---------------------------------------|

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 1-28-21 |
|---|-----------------|

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 Donesia Gause | DATE |
|--|------|

PART 3 - CITY MANAGER

| | |
|---|--|
| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. Sharon Landers 1/28/21 CITY MANAGER SIGNATURE DATE | CITY ATTORNEY APPROVAL Robert Lee 1/27/21 CITY ATTORNEY SIGNATURE DATE |
|---|--|

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

| PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
|--|--|----------------------------------|--|
| Date 1/26/2021 | Department Community Services Department | Division Administration | |
| Form No. | Name or Title of Record Special Projects; Billing Records; Personnel Records; Correspondence; Employee Timesheets; Special Projects; Reports-Accidents | | |
| PERIOD COVERED From 1990 To 2006 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 1-8 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 31 years |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input checked="" 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED - DEPARTMENT DIRECTOR | | | DATE 1/26/21 |

| PART 2 - RECORDS MANAGEMENT COMMITTEE | |
|--|---|
| THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ | |
| <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. | |
| CITY MANAGER SIGNATURE DATE 1/28/21 | CITY ATTORNEY SIGNATURE DATE 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|-------------------|---|----------------------------|
| Date 1/26/2021 | Department Community Services Department | Division Administration |
|-------------------|---|----------------------------|

| | |
|----------|--|
| Form No. | Name or Title of Record Agendas; Agenda Reports; Correspondence; Special Projects; Invoices |
|----------|--|


| | | | |
|--|----------------|-----------------------------------|--|
| PERIOD COVERED From <u>2000</u> To <u>2007</u> | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 9-14 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 21 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  | DATE 1/26/21 |
|---|-----------------|

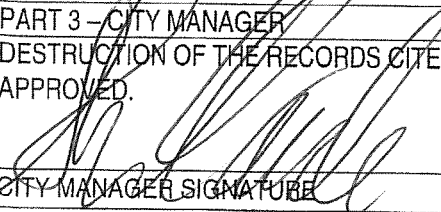

PART 2 - RECORDS MANAGEMENT COMMITTEE

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

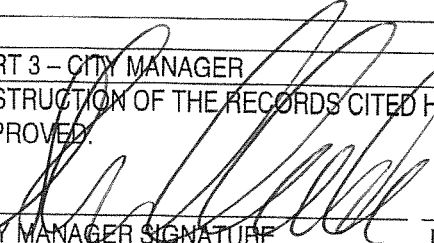
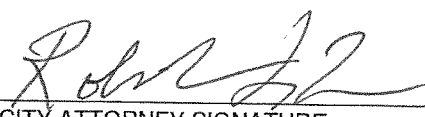
| | |
|---|------|
| CHAIRMAN - RECORDS MANAGEMENT COMMITTEE | DATE |
|---|------|

| | |
|---|---|
| PART 3 - CITY MANAGER DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.  CITY MANAGER SIGNATURE | CITY ATTORNEY APPROVAL  CITY ATTORNEY SIGNATURE |
| DATE 1/28/21 | DATE 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

| | | | |
|--|--|------------------------------------|--|
| PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 1/26/2021 | Department Community Services Department | Division Administration | |
| Form No. | Name or Title of Record Invoices; Budget (Copies); Correspondence | | |
| PERIOD COVERED From 2001 To 2005 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 15-17 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 20 years |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input type="checkbox"/> Duplicates <input checked="" type="checkbox"/> No public service value <input checked="" type="checkbox"/> No historical value <input 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED - DEPARTMENT DIRECTOR  | | | DATE 1/26/21 |

| | | |
|--|------------------------|----------|
| 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. | | | |
|  | 1/28/21 |  | 1/28/21 |
| CITY MANAGER SIGNATURE | DATE | CITY ATTORNEY SIGNATURE | DATE |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|-------------------|---|----------------------------|
| Date 1/26/2021 | Department Community Services Department | Division Administration |
|-------------------|---|----------------------------|

| | |
|----------|--|
| Form No. | Name or Title of Record Personnel Records |
|----------|--|

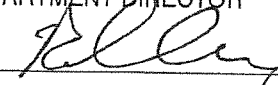
| | | | |
|--|----------------|---------------------------------|--|
| PERIOD COVERED From 2004 To 2009 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 18 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 17 years |
|--|----------------|---------------------------------|--|

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  | DATE 1/28/21 |
|---|-----------------|

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.

| | | | |
|--|---------|--|---------|
|  | 1/28/21 |  | 1/28/21 |
| CITY MANAGER SIGNATURE | DATE | CITY ATTORNEY SIGNATURE | DATE |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|---|--|-------------------------------------|
| Date 1/26/2021 | Department Community Services | Division Transportation Services |
| Form No. | Name or Title of Record Correspondence; Invoices; Reports/Studies | |
| PERIOD COVERED From 1/1990 To 9/2015 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 1-15 |
| AGE FROM DEC. 31 OF YEAR OF ORIGATION 31 years | | |

JUSTIFICATION FOR DESTRUCTION

| | | |
|--|---|---|
| <input checked="" 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

Records have been microfilmed. Certificate No. _____

Records require microfilming prior to destruction.

Records to be destroyed without microfilming or reproduction.

| | |
|------------------------------------|-----------------|
| APPROVED - DEPARTMENT DIRECTOR | DATE 1/26/21 |
|------------------------------------|-----------------|

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 | DATE |

PART 3 - CITY MANAGER

| | |
|--|---|
| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. CITY MANAGER SIGNATURE | CITY ATTORNEY APPROVAL CITY ATTORNEY SIGNATURE |
| DATE 1/28/21 | DATE 1/28/21 |


| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

| | | | |
|--|---|--|--|
| PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 1/26/2021 | Department Community Services | Division Transportation | |
| Form No. | Name or Title of Record Invoices; Reports; Applications; Billing Records | | |
| PERIOD COVERED From 1/1990 To 9/2015 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) Boxes 16-45 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 31 years |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input checked="" 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED – DEPARTMENT DIRECTOR | | | DATE 1/26/21 |

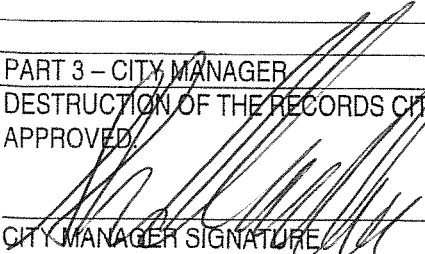
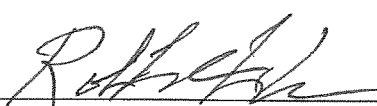
| | | |
|--|-------------------------------|----------|
| PART 2 – RECORDS MANAGEMENT COMMITTEE | | |
| THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ | | |
| | Month | Day Year |
| <input type="checkbox"/> Destruction is approved. <input type="checkbox"/> Destruction is not 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. | |
| CITY MANAGER SIGNATURE DATE 1/28/21 | CITY ATTORNEY SIGNATURE DATE 1/28/21 |


| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

| | | | |
|---|--|---|--|
| PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 1/26/2021 | Department Community Services | Division Transportation | |
| Form No. | Name or Title of Record Billing Reports; Invoices, Special Projects | | |
| PERIOD COVERED From 1/1990 To 9/2015 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) Boxes 46-56 | AGE FROM DEC. 31 OF YEAR OF ORIGINATION 31 years |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input checked="" type="checkbox"/> Duplicates | | <input checked="" type="checkbox"/> No public service value | |
| <input checked="" type="checkbox"/> Obsolete | | <input checked="" type="checkbox"/> No historical value | |
| | | <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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED - DEPARTMENT DIRECTOR  | | | DATE 1/26/21 |

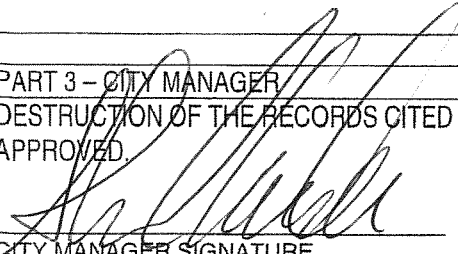

| | | | |
|--|--|------------------------|------|
| PART 2 - RECORDS MANAGEMENT COMMITTEE | | | |
| THE RECORDS DESCRIBED HEREIN ABOVE WERE REVIEWED BY THE COMMITTEE ON _____ | | | |
| | | Month | Day |
| | | Year | |
| <input type="checkbox"/> Destruction is approved. <input type="checkbox"/> Destruction 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 | | | DATE |

| | | | |
|--|-----------------|--|-----------------|
| PART 3 - CITY MANAGER | | CITY ATTORNEY APPROVAL | |
| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | | | |
|  | |  | |
| CITY MANAGER SIGNATURE | DATE 1/28/21 | CITY ATTORNEY SIGNATURE | DATE 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

| | | | |
|--|---|---|--|
| PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 1/26/2021 | Department Community Services | Division Transportation | |
| Form No. | Name or Title of Record Special Projects | | |
| PERIOD COVERED From 1/1990 To 9/2015 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) Boxes 57-60 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 31 years |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input checked="" 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED - DEPARTMENT DIRECTOR | | DATE | |
|  | | 1/26/21 | |

| | | | |
|---|------------------------|-------|------|
| PART 2 - RECORDS MANAGEMENT COMMITTEE | | | |
| THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ | | | |
| | | Month | Day |
| | | Year | |
| <input type="checkbox"/> Destruction is approved. | METHOD OF DESTRUCTION: | | |
| <input type="checkbox"/> Destruction is not approved. | | | |
| <input type="checkbox"/> City Attorney / City Council approval required. | CERTIFICATE NO. | DATE | |
| <input type="checkbox"/> Other | | | |
| REMARKS | | | |
| CHAIRMAN - RECORDS MANAGEMENT COMMITTEE | | | DATE |
| | | | |

| | | | |
|--|--|-------------------------|---------|
| PART 3 - CITY MANAGER | | CITY ATTORNEY APPROVAL | |
| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | | | |
|  |  | | |
| CITY MANAGER SIGNATURE | DATE | CITY ATTORNEY SIGNATURE | DATE |
| | 1/26/21 | | 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

| | | | |
|---|---|--|--|
| PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 1/26/2021 | Department Community Services | Division Transportation | |
| Form No. | Name or Title of Record Maintenance/Operations, Pre-trip Inspections | | |
| PERIOD COVERED From 1/1990 To 9/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) Boxes 61-63 | AGE FROM DEC. 31 OF YEAR OF ORIGINATION 31 years |
| JUSTIFICATION FOR DESTRUCTION <input checked="" 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED – DEPARTMENT DIRECTOR | | DATE | |
| | | 1/26/21 | |

| | | |
|--|---|------|
| PART 2 – RECORDS MANAGEMENT COMMITTEE | | |
| THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div> | | |
| <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 DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | CITY ATTORNEY APPROVAL |
| CITY MANAGER SIGNATURE DATE | CITY ATTORNEY SIGNATURE DATE |
| 1/28/21 | 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|-------------------|----------------------------------|----------------------------|
| Date 1/26/2021 | Department Community Services | Division Transportation |
|-------------------|----------------------------------|----------------------------|

| | |
|----------|-------------------------------------|
| Form No. | Name or Title of Record Licenses |
|----------|-------------------------------------|


| | | | |
|--|----------------|--|--|
| PERIOD COVERED From 1/1990 To 9/2015 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) Boxes 64-65 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 31 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  DATE 1/26/21

PART 2 – RECORDS MANAGEMENT COMMITTEE

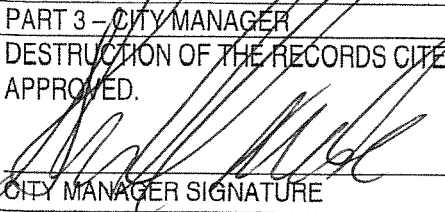

THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____, _____, _____
Month Day Year

| | | |
|--|------------------------|------|
| <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. | |
|  CITY MANAGER SIGNATURE |  CITY ATTORNEY SIGNATURE |
| DATE 1/26/21 | DATE 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|-------------------|----------------------------------|----------------------------|
| Date 1/26/2021 | Department Community Services | Division Transportation |
|-------------------|----------------------------------|----------------------------|

| | |
|----------|--|
| Form No. | Name or Title of Record Licenses; Applications; Assignment/Daily Activity; Maintenance/Operations; Incident/Accident Reports; Billing Reports |
|----------|--|

| | | | |
|--|----------------|---------------------------------------|---|
| PERIOD COVERED From 1/1990 To 9/2015 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) Boxes 66-70 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 31 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  | DATE 1/26/21 |
|---|-----------------|

PART 2 - RECORDS MANAGEMENT COMMITTEE

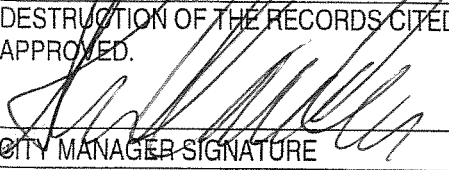
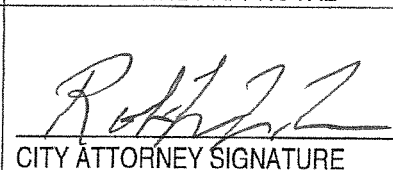
THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ Month _____ Day _____ Year

| | | |
|--|------------------------|------|
| <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. | |
|  CITY MANAGER SIGNATURE DATE 1/28/21 |  CITY ATTORNEY SIGNATURE DATE 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|--|---|---|
| Date 1/26/2021 | Department Community Services | Division Transportation |
| Form No. | Name or Title of Record Registers; Schedules/Daily | |
| PERIOD COVERED From 1/1990 To 9/2015 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) Boxes 71-72 |
| | | AGE FROM DEC. 31 OF YEAR OF ORIGINATION 31 years |

JUSTIFICATION FOR DESTRUCTION

| | | |
|--|---|---|
| <input checked="" 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

Records have been microfilmed. Certificate No. _____

Records require microfilming prior to destruction.

Records to be destroyed without microfilming or reproduction.

APPROVED - DEPARTMENT DIRECTOR *R. Lewis* DATE 1/26/21

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 _____ DATE _____

PART 3 - CITY MANAGER

| | |
|---|--|
| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | CITY ATTORNEY APPROVAL |
| <i>[Signature]</i> 1/28/21 CITY MANAGER SIGNATURE DATE | <i>[Signature]</i> 1/28/21 CITY ATTORNEY SIGNATURE DATE |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|---|---|---|
| Date 1/26/2021 | Department Community Services | Division Human Services |
| Form No. | Name or Title of Record Correspondence | |
| PERIOD COVERED From 1/1995 To 12/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 1-9 |
| | | AGE FROM DEC. 31 OF YEAR OF ORIGINATION 26 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 *Kellum* DATE 1/28/21

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 DATE

PART 3 - CITY MANAGER

| | |
|--|---|
| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | CITY ATTORNEY APPROVAL |
| <i>[Signature]</i> 1/28/21 CITY MANAGER SIGNATURE DATE | <i>[Signature]</i> 1/28/21 CITY ATTORNEY SIGNATURE DATE |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|---|---|---|
| Date 1/26/2021 | Department Community Services | Division Human Services |
| Form No. | Name or Title of Record Special Projects | |
| PERIOD COVERED From 1/1992 To 12/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 10-14 |
| | | AGE FROM DEC. 31 OF YEAR OF ORIGATION 29 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 *Raley* DATE 1/26/21

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. | CITY ATTORNEY APPROVAL |
| <i>[Signature]</i> 1/28/21 CITY MANAGER SIGNATURE DATE | <i>[Signature]</i> 1/28/21 CITY ATTORNEY SIGNATURE DATE |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

| | | | |
|--|--|------------------------------------|--|
| PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 1/26/2021 | Department Community Services | Division Human Services | |
| Form No. | Name or Title of Record Personnel Records | | |
| PERIOD COVERED From 1/1994 To 12/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 15-23 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 27 years |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input checked="" 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED - DEPARTMENT DIRECTOR <i>Kellney</i> | | | DATE 1/26/21 |

| | | | |
|--|------------------------|-------|------|
| 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 DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. <i>[Signature]</i> CITY MANAGER SIGNATURE | CITY ATTORNEY APPROVAL <i>[Signature]</i> CITY ATTORNEY SIGNATURE |
| DATE 1/28/21 | DATE 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

| | | | |
|--|---|------------------------------------|--|
| PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 1/26/2021 | Department Community Services | Division Human Services | |
| Form No. | Name or Title of Record Personnel Records (Copies) | | |
| PERIOD COVERED From 1/2002 To 12/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 24-31 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 16 years |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input checked="" 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED - DEPARTMENT DIRECTOR | | | DATE 1/26/21 |

| | | |
|--|--|------|
| PART 2 - RECORDS MANAGEMENT COMMITTEE | | |
| THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ | | |
| <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 DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | CITY ATTORNEY APPROVAL |
| CITY MANAGER SIGNATURE | CITY ATTORNEY SIGNATURE |
| DATE 1/28/21 | DATE 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|-------------------|----------------------------------|----------------------------|
| Date 1/26/2021 | Department Community Services | Division Human Services |
|-------------------|----------------------------------|----------------------------|

| | |
|----------|--|
| Form No. | Name or Title of Record Billing Reports; Budgets (Copies) |
|----------|--|

| | | | |
|---|----------------|---------------------------------|---|
| PERIOD COVERED From 1/1994 To 12/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 32-37 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 27 years |
|---|----------------|---------------------------------|---|

JUSTIFICATION FOR DESTRUCTION

| | | |
|--|---|---|
| <input checked="" 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

Records have been microfilmed. Certificate No. _____

Records require microfilming prior to destruction.

Records to be destroyed without microfilming or reproduction.

| | |
|------------------------------------|-----------------|
| APPROVED – DEPARTMENT DIRECTOR | DATE 1/28/21 |
|------------------------------------|-----------------|

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 DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | CITY ATTORNEY APPROVAL |
| CITY MANAGER SIGNATURE DATE | CITY ATTORNEY SIGNATURE DATE |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | | |
|----------------|-------------------------|------------------------|---------------------------------------|
| Date | Department | Division | |
| 1/26/2021 | Community Services | Recreation | |
| Form No. | Name or Title of Record | | |
| | Correspondence | | |
| PERIOD COVERED | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) | AGE FROM DEC. 31 OF YEAR OF ORIGATION |
| From 1/1975 | | | |
| To 9/2018 | | 1-23 | 43 |

JUSTIFICATION FOR DESTRUCTION

| | | |
|--|---|---|
| <input checked="" 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

Records have been microfilmed. Certificate No. _____

Records require microfilming prior to destruction.

Records to be destroyed without microfilming or reproduction.

APPROVED - DEPARTMENT DIRECTOR

Robert Lennox

DATE 1/27/21

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

Donesia Gause

DATE

PART 3 - CITY MANAGER

| | |
|---|---|
| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED Sharon Landers CITY MANAGER SIGNATURE | CITY ATTORNEY APPROVAL Robert Lee CITY ATTORNEY SIGNATURE |
| DATE <u>1/28/21</u> | DATE <u>1/28/21</u> |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|-------------------|----------------------------------|------------------------|
| Date 1/26/2021 | Department Community Services | Division Recreation |
|-------------------|----------------------------------|------------------------|

| | |
|----------|------------------------------------|
| Form No. | Name or Title of Record Reports |
|----------|------------------------------------|

| | | | |
|--|----------------|---------------------------------|---|
| PERIOD COVERED From 1/1975 To 9/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 24-66 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 43 |
|--|----------------|---------------------------------|---|

JUSTIFICATION FOR DESTRUCTION

| | | |
|--|---|---|
| <input checked="" 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

Records have been microfilmed. Certificate No. _____

Records require microfilming prior to destruction.

Records to be destroyed without microfilming or reproduction.

| | |
|------------------------------------|-----------------|
| APPROVED – DEPARTMENT DIRECTOR | DATE 1/27/21 |
|------------------------------------|-----------------|

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

DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.

| | | | |
|------------------------|-----------------|---|-----------------|
| CITY MANAGER SIGNATURE | DATE 1/28/21 | CITY ATTORNEY APPROVAL CITY ATTORNEY SIGNATURE | DATE 1/28/21 |
|------------------------|-----------------|---|-----------------|

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | |
|-------------------|----------------------------------|------------------------|
| Date 1/26/2021 | Department Community Services | Division Recreation |
|-------------------|----------------------------------|------------------------|

| | |
|----------|--|
| Form No. | Name or Title of Record Inspections |
|----------|--|

| | | | |
|--|----------------|------------------------------------|--|
| PERIOD COVERED From 1/1975 To 9/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 67-78 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 43 |
|--|----------------|------------------------------------|--|

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  | DATE 1/27/21 |
|---|-----------------|

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

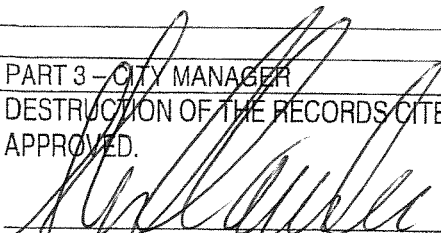

DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.

| | | | |
|--|---------|--|---------|
|  | 1/28/21 |  | 1/28/21 |
| CITY MANAGER SIGNATURE | DATE | CITY ATTORNEY SIGNATURE | DATE |


| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

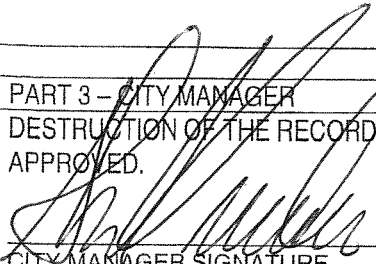
| | | | |
|---|---|---|--|
| PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 1/26/2021 | Department Community Services | Division Recreation | |
| Form No. | Name or Title of Record Personnel Records | | |
| PERIOD COVERED From 1/1975 To 9/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 79-102 | AGE FROM DEC. 31 OF YEAR OF ORIGINATION 43 |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input checked="" 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED - DEPARTMENT DIRECTOR  | | | DATE 1/27/21 |

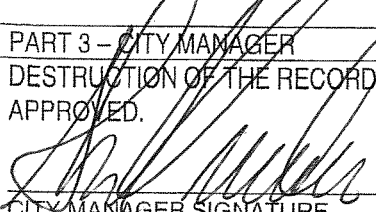

| | | |
|--|------------------------|------|
| PART 2 - RECORDS MANAGEMENT COMMITTEE | | |
| THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ Month Day Year | | |
| <input type="checkbox"/> Destruction is approved. <input type="checkbox"/> Destruction is not approved. <input 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 DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.  CITY MANAGER SIGNATURE | CITY ATTORNEY APPROVAL  CITY ATTORNEY SIGNATURE |
| DATE 1/28/21 | DATE 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

| | | | | |
|--|--|--------------------------------------|--|--|
| PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | | |
| Date 1/26/2021 | Department Community Services | Division Recreation | | |
| Form No. | Name or Title of Record Invoices; Budget Operating (Copies) | | | |
| PERIOD COVERED From 1/1975 To 9/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 103-212 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 43 | |
| JUSTIFICATION FOR DESTRUCTION | | | | |
| <input checked="" 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | | |
| APPROVED – DEPARTMENT DIRECTOR | | | DATE | |
|  | | | 1/27/21 | |

| | | |
|--|---|---------|
| PART 2 – RECORDS MANAGEMENT COMMITTEE | | |
| THE RECORDS DESCRIBED HEREIN ABOVE WERE REVIEWED BY THE COMMITTEE ON _____ | | |
| <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 |
|  | | 1/28/21 |

| | |
|--|--|
| PART 3 – CITY MANAGER | CITY ATTORNEY APPROVAL |
| DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | |
|  |  |
| CITY MANAGER SIGNATURE | CITY ATTORNEY SIGNATURE |
| DATE 1/28/21 | DATE 1/28/21 |

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

| | | | |
|--|---|--------------------------------------|--|
| PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS | | | |
| Date 1/26/2021 | Department Community Services | Division Recreation | |
| Form No. | Name or Title of Record Special Projects | | |
| PERIOD COVERED From 1/1975 To 9/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 213-219 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 43 |
| JUSTIFICATION FOR DESTRUCTION | | | |
| <input checked="" 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED – DEPARTMENT DIRECTOR | | | DATE 1/27/21 |

| | | |
|--|---|------|
| PART 2 – RECORDS MANAGEMENT COMMITTEE | | |
| THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ | | |
| <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 DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. CITY MANAGER SIGNATURE DATE | CITY ATTORNEY APPROVAL CITY ATTORNEY SIGNATURE DATE |
|--|--|

| | |
|---|-------------------------|
| CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION | Authorization Number |
|---|-------------------------|

PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS

| | | | |
|---|------------------------------------|--------------------------------------|--|
| Date 1/26/2021 | Department Community Services | Division Recreation | |
| Form No. | Name or Title of Record Reports | | |
| PERIOD COVERED From 1/1975 To 9/2018 | ID/SERIAL NOS. | BOX OR BATCH NUMBER(S) 220-250 | AGE FROM DEC. 31 OF YEAR OF ORIGATION 43 |
| JUSTIFICATION FOR DESTRUCTION <input checked="" 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 type="checkbox"/> Records to be destroyed without microfilming or reproduction. | | | |
| APPROVED – DEPARTMENT DIRECTOR | | | DATE 11/27/21 |

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 DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. | CITY ATTORNEY APPROVAL |
| CITY MANAGER SIGNATURE | CITY ATTORNEY SIGNATURE |
| DATE 11/28/21 | DATE 11/28/21 |