
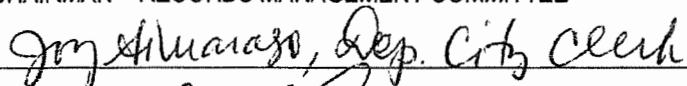
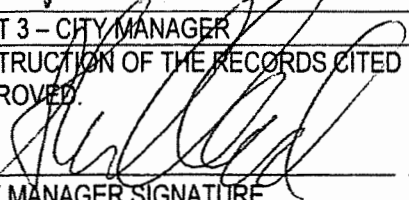



CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION	Authorization Number
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PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS			
Date 4/22/2021	Department Finance	Division Accounting	
Form No.	Name or Title of Record Financial and Payroll Records		
PERIOD COVERED From <u>July 2007</u> To <u>June 2018</u>	ID/SERIAL NOS.	BOX OR BATCH NUMBER(S) 385 batches	AGE FROM DEC. 31 OF YEAR OF ORIGINATION 2-11 years
JUSTIFICATION FOR DESTRUCTION			
<input type="checkbox"/> Duplicates <input type="checkbox"/> No public service value <input type="checkbox"/> No historical value <input checked="" type="checkbox"/> Obsolete <input 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 			DATE 4.22.21

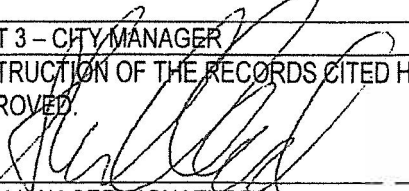
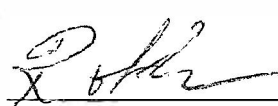
PART 2 – RECORDS MANAGEMENT COMMITTEE			
THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ Month Day Year			
<input checked="" type="checkbox"/> Destruction is approved. <input type="checkbox"/> Destruction is not approved. <input type="checkbox"/> City Attorney / City Council approval required. <input type="checkbox"/> Other		METHOD OF DESTRUCTION:	
		CERTIFICATE NO.	DATE
REMARKS			
CHAIRMAN – RECORDS MANAGEMENT COMMITTEE  Dep. City Clerk			DATE 4/29/2021

PART 3 – CITY MANAGER		CITY ATTORNEY APPROVAL	
DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED. 			
CITY MANAGER SIGNATURE	DATE 4/26/21	CITY ATTORNEY SIGNATURE	DATE

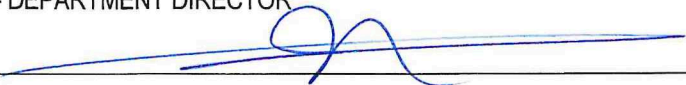
CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION	Authorization Number
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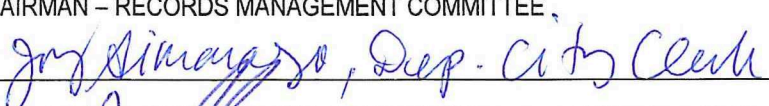
PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS			
Date 4/22/2021	Department Finance	Division Accounting	
Form No.	Name or Title of Record Financial and Payroll Records		
PERIOD COVERED From July 2007 To June 2018	ID/SERIAL NOS.	BOX OR BATCH NUMBER(S) 385 batches	AGE FROM DEC. 31 OF YEAR OF ORIGATION 2-11 years
JUSTIFICATION FOR DESTRUCTION			
<input type="checkbox"/> Duplicates <input type="checkbox"/> No public service value <input type="checkbox"/> No historical value <input checked="" type="checkbox"/> Obsolete <input 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 			DATE 4.22.21



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.			
	4/26/21		4/26/21
CITY MANAGER SIGNATURE	DATE	CITY ATTORNEY SIGNATURE	DATE


CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION	Authorization Number
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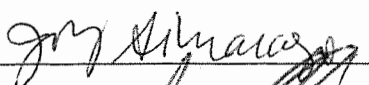
PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS			
Date 5/4/2021	Department Finance	Division Revenue	
Form No.	Name or Title of Record Revenue/Business License Records		
PERIOD COVERED From <u>August 1993</u> To <u>December 2015</u>	ID/SERIAL NOS.	BOX OR BATCH NUMBER(S) 17,477 account batches	AGE FROM DEC. 31 OF YEAR OF ORIGATION 6-28 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 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 			DATE 5.11.2021

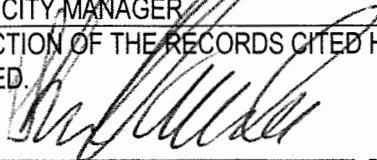
PART 2 – RECORDS MANAGEMENT COMMITTEE		
THE RECORDS DESCRIBED HEREINABOVE WERE REVIEWED BY THE COMMITTEE ON _____ Month _____ Day _____ Year		
<input checked="" type="checkbox"/> Destruction is approved. <input type="checkbox"/> Destruction is not approved. <input type="checkbox"/> City Attorney / City Council approval required. <input type="checkbox"/> Other	METHOD OF DESTRUCTION:	
	CERTIFICATE NO.	DATE
REMARKS		
CHAIRMAN – RECORDS MANAGEMENT COMMITTEE  Dep. City Clerk		DATE 5/11/2021

PART 3 – CITY MANAGER DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.		CITY ATTORNEY APPROVAL	
	5/11/2021		5/10/21
CITY MANAGER SIGNATURE	DATE	CITY ATTORNEY SIGNATURE	DATE

CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION	Authorization Number
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PART 1 – REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS			
Date 5/6/2021	Department Finance	Division Purchasing	
Form No.	Name or Title of Record Purchasing Records		
PERIOD COVERED From <u>January 1974</u> To <u>June 2014</u>	ID/SERIAL NOS.	BOX OR BATCH NUMBER(S) BOX #s 1-61	AGE FROM DEC. 31 OF YEAR OF ORIGATION 6-46 years
JUSTIFICATION FOR DESTRUCTION			
<input type="checkbox"/> Duplicates <input type="checkbox"/> No public service value <input type="checkbox"/> No historical value <input checked="" type="checkbox"/> Obsolete <input 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 			DATE 5.6.2021


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  Dep. City Clerk		DATE 5/10/2021

PART 3 – CITY MANAGER		CITY ATTORNEY APPROVAL	
DESTRUCTION OF THE RECORDS CITED HEREIN IS APPROVED.  5/10/21			
CITY MANAGER SIGNATURE	DATE	CITY ATTORNEY SIGNATURE	DATE

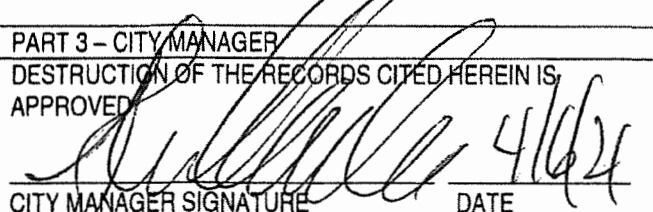

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CITY OF CARSON RECORDS MANAGEMENT RECORDS DESTRUCTION AUTHORIZATION	Authorization Number
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PART 1 - REQUEST FOR DESTRUCTION OF ORIGINAL RECORDS			
Date 3/16/2021	Department Finance	Division Purchasing	
Form No.	Name or Title of Record Purchasing Records		
PERIOD COVERED From <u>January 1974</u> To <u>June 2014</u>	ID/SERIAL NOS.	BOX OR BATCH NUMBER(S) 61	AGE FROM DEC. 31 OF YEAR OF ORIGATION 6-46 years
JUSTIFICATION FOR DESTRUCTION			
<input type="checkbox"/> Duplicates <input type="checkbox"/> No public service value <input type="checkbox"/> No historical value <input checked="" type="checkbox"/> Obsolete <input 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 			DATE 3.17.21

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 4/16/21	 CITY ATTORNEY SIGNATURE DATE 03/25/21