Date: _____ Department: _____

Form RM-1: RECORDS DESTRUCTION AUTHORIZATION FORM

The records listed below (or on the attached list) are **scheduled to be destroyed**, as indicated on the Records Retention Schedule.

The records are not the subject of any claim, litigation, investigation, or audit.

(List records here, or attach a list)

File #	Records Description	From (Start Date)	To (End Date)	Box #	Retention #	Retention Period

Check one option for destruction:

☐ Shredding is Required (Records contain private information) OR

☐ Recycle (Records do NOT contain private information)

_____ _____
Employee Preparing Form Date

DOCUMENTS HAVE BEEN REVIEWED AND APPROVED FOR DESTRUCTION

_____ _____
Department Head / Division Manager Date

_____ _____
City Clerk Date

_____ _____
City Attorney Date

Return this form to the originating department following approval (they coordinate the shredder arrangements)

(Complete after destruction has been performed, if done by City Employees. If destruction is performed by a commercial vendor, have them provide you with a certificate.)

I HEREBY CERTIFY that the items listed above have been destroyed in accordance with City policies and procedures:

_____ _____
Employee Performing Destruction Date

Return this form to the City Clerk's Office after completion.

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DRAFT