

RECORDS REQUEST FOR DESTRUCTION

(Non Records and/or Public Records)

DEPARTMENT

DATE: _____

We hereby request permission to destroy Non Records/Public Records described below. The records retention period, as established by the appropriate Records Retention and Disposition Schedule, has expired and are to be destroyed immediately.

Inclusive
Dates of
Records

Quantity
of Boxes

Records
Retention
Schedule

Records Description

Item#

Signed: _____

Dept. Manager/Director

Signed: _____

Records Coordinator

Signed: _____

Records Specialist/Records Director

