

REQUEST FOR DESTRUCTION OF RECORDS

Date: October 28, 2010
Department: Finance

We are requesting destruction of the attached records due to:

A copy has been made in accordance with Administrative Policy #A-28.
The retention period on the following records has elapsed.

Approvals:

Department Head _____ Date _____

City Clerk _____ Date _____

City Attorney _____ Date _____

Destruction Date:	Destroyed By:	Remarks:
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Return signed original to City Clerk when completed.

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