# RECORDS DISPOSITION DOCUMENT

## 1. AGENCY NAME and ADDRESS

## 2. AGENCY CONTACT (Name and Telephone Number)

( ) - Ext.

## 3. NOTICE OF INTENTION: The scheduled records listed in Item 5 are to be disposed of in the manner checked below (specify only one).

- [ ] a. Destruction
- [ ] b. Microfilming and Destruction
- [ ] c. Other __________

## 4. SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Name and Title</th>
<th>Date</th>
</tr>
</thead>
</table>

## 5. LIST OF RECORD SERIES

|-----------------|-------------|----------|--------------|-------------------|------------------------|--------------------------------------------------------|

## 6. DISPOSAL AUTHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated.

Custodian/Records Management Liaison Officer Date

## 7. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Name and Title

Witness