

CERTIFICATE OF RECORDS DISPOSAL

Name of Political Subdivision	Unit	Contact Person	Telephone	Location of Records
Address	City	Zip Code	County	

I hereby certify that the records listed on this RC-3 and attachments are being disposed of according to the time periods stated on the approved Schedules of Retention and Disposition (RC-2) or Application for One-Time Records Disposal (RC-1) listed below. No record will be knowingly disposed of which pertains to any pending case, claim, action or request. In addition, microfilm created in place of any original record listed on this RC-3 will be stored according to ANSI Standards and all microfilm master negatives will only be used to create use copies.

Signature of Responsible Official	Title	Telephone Number
-----------------------------------	-------	------------------

PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM

Record Series Title	Authorization for Disposal		Media Type	Other Media Type	Inclusive Date of Record From To	Proposed Date of Disposal	For OHS-LGRP Use
	Schedule Number	Records Commission Approval Date		List other media on which this record series is being retained			