



State Government Records Destruction Notice

Date	State Agency Name	Department	Program Unit
Name	Job Title	Contact	

Select the manner in which records will be destroyed	Total cubic feet of obsolete paper records destroyed?	Total bytes of obsolete electronic records destroyed?
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Records Title As Shown on RDA	Retention as shown on RDA	Inclusive Dates	Date Audited	Volume
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I hereby certify that the records to be destroyed are correctly represented below, that they are eligible for destruction according to the Records Disposition Authority approved by the State Government Records Commission, that audit and Sunset Review requirements have been fully satisfied, and that the records are not required for any pending or imminent litigation.

Signature of Authorizing Official	Printed Name of Authorizing Official	Title of Authorizing Official
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(Signature may be digital but may not only be a typed name)