

## REQUEST FOR RECORDS RETENTION

Shelf Location Number: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ File No. \_\_\_\_\_

Budget Code: \_\_\_\_\_

Destruction Date: \_\_\_\_\_

### DESCRIPTION OF CONTENTS

Type of Records

From

To

## RECORDS RETENTION LABEL

Shelf Location No. \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ File No. \_\_\_\_\_

Budget Code: \_\_\_\_\_

Destruction Date: \_\_\_\_\_

CAO FORM NO. 6 (Policy Memo. No. 27)

## RECORDS WITHDRAWAL

Shelf Location No. \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

File No. \_\_\_\_\_

Budget Code: \_\_\_\_\_

Authorization for Withdrawal: \_\_\_\_\_

CAO FORM NO. 6 (Policy Memo. No. 27)

Date: \_\_\_\_\_

To: Finance Department

Subject: Records Destruction Authorization

Reference: Destruction Notice No. \_\_\_\_\_ dated \_\_\_\_\_

You are hereby authorized to destroy the records and/or data listed on Destruction Notice No. \_\_\_\_\_ with the exception of the following:

**SHELF LOCATION NUMBER**

**DEPARTMENT**

**FILE NUMBER**

Reason for Extension (Explain)

Revised Destruction Date:

Signature of Agency Head

**OVERDUE NOTICE**

To:

Subject: Return of Records to Records Retention Center

The following records were to be returned to Records Retention Center within 15 working days. If the items are to be reactivated or an extension of time is required, please notify the undersigned by written communication.

**SHELF LOCATION NUMBER**

**DEPARTMENT**

**FILE NUMBER**

\_\_\_\_\_

## DESTRUCTION NOTICE

Notice Number \_\_\_\_\_

To:

Subject: Destruction of Records

The following records and/or data are scheduled to be destroyed in accordance with the Records Retention Schedule. Records Destruction Authorization, attached for your convenience, is to be completed and returned to the Department of Finance, on or before \_\_\_\_\_.

**SHELF LOCATION NUMBER**

**DEPARTMENT**

**FILE NUMBER**