



Certificate of Destruction Form

The following records of the _____ have (check one):
(Department/Division Name)

_____ reached their required retention period according to a schedule adopted by the City of Las Vegas Records Committee

_____ been reformatted to the standards required by statute and City policy and are to be destroyed:

Record Series Title/Description: (If the title alone does not describe the record series; e.g., Accounts Payable Cancelled Checks, then provide a description.)

Inclusive Dates: (List the earliest and latest date; e.g., 7/1/07 through 6/30/08.)

Volume: (Indicate volume in cubic feet.)

Records Retention Schedule: (Identify the schedule by name and record series; e.g., Auditor, Accounts Payable.)

Required Retention: (As given in the adopted records retention schedule; e.g., 5 years.)

Department Head
(Print Name and Title)

Signature
(Required prior to proceeding with destruction)

Date

ER Representative
(Print Name)

Signature

Date

(Required prior to proceeding with destruction)

The above records were destroyed by _____ on the _____ day of _____.
(Method)

City witness to destruction

Date

Maintain one copy in departmental files and forward original to the Enterprise Records Management Division, Office of the City Clerk.

Form approved by City of Las Vegas Records Committee xx/xx/08.