|  |
| --- |
| The purpose of this form is to document compliance and reasonable accountability by verifying that specific public records have met current, approved minimum retention periods before being destroyed pursuant to [RCW 40.14.060](http://apps.leg.wa.gov/rcw/default.aspx?cite=40.14.060), [WAC 434-610-070](http://apps.leg.wa.gov/wac/default.aspx?cite=434-610-070), and [WAC 434-640-010](http://apps.leg.wa.gov/wac/default.aspx?cite=434-640-010), [-020](http://apps.leg.wa.gov/wac/default.aspx?cite=434-640-020), and [-030](http://apps.leg.wa.gov/wac/default.aspx?cite=434-640-030). Please fill out this form when destroying all public records whose minimum retention is *other than* “Retain until no longer needed for agency business then destroy” (such as records covered in the “Records with Minimal Retention Value” section of the [*State Government General Records Retention Schedule*](http://www.sos.wa.gov/archives/RecordsManagement/RecordsRetentionSchedulesforStateGovernmentAgencies.aspx) *(SGGRRS).* |
| **Legal Disposition Authority (taken from Records Retention Schedule)** | **Agency Records** |
| **Records Series****Title** | **Records Series DAN** | **Records Retention Schedule** | **Minimum Retention Period**  | **Description (Box/item numbers, volume, etc.)** | **Dates Covered** | **Date Minimum Retention Met** | **Method(s) of Destruction** **(See examples, below\*)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*\*Examples of methods of destruction: electronic deletion, in-house OR outside contractor shredding, secure recycling, other (describe)*

***Statement: The public records listed above have met their minimum retention period(s), are not subject to ongoing or reasonably anticipated litigation or public records requests, are not needed for audit or other agency business, and shall be destroyed.***

**The individual responsible for inventorying the listed records must sign below prior to the Records Officer’s approval:**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Records Officer must sign the approval of this request prior to the destruction of the listed records:**

Records Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The person/people responsible for the destruction of records must sign upon destruction of the listed records:**

**Employee** Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Records Destroyed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor Business** Name(if used):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor** Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Records Destroyed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_