

CERTIFICATE OF RECORDS DESTRUCTION

This form documents the destruction of public records in accordance with Alaska Statute 40.25,
Gustavus Municipal Code 2.70.030 and City of Gustavus Policy and Procedure for Public Records Management

1. Agency/Locality City of Gustavus	2. Division/Department Desk of the City Clerk	3. Person Completing Form Karen Platt CMC, City Clerk
4. Address, City, State & Zip P.O. Box 1, Gustavus, AK 99826	5a. Telephone Number 907-697-2451	5b. E-mail Address clerk@gustavus-ak.gov

6. Records to Be Destroyed

a) Schedule and Records Series Number	b) Records Series Title	c) Date Range (mo/yr)	d) Location	e) Volume	f) Destruction Method
A-13, 1 yr	Applicants not hired	2009 - 2017	City Hall	1 box	Shred
HR-3, Until Superseded/Obsolete	Position Descriptions	2006, 2012, 2013, 2014,	City Hall	4 files	Recycle
A-12, 5yr	Payroll	2005-2015	City Hall	30 Files	Shred

DESTRUCTION APPROVALS

Note: Public records may not be destroyed without receiving prior authorization from the Mayor and/or City Council.

We certify that the records listed above have been retained for the scheduled retention period, as per the City of Gustavus Records Retention Schedule, required audits have been completed, and no pending or ongoing litigation or investigation involving these records is known to exist.

7. MAYOR _____ **DATE** _____

8. CITY CLERK/TREASURER _____ **DATE** _____

9. RECORDS DESTRUCTION
AFFIRMED BY: _____ **DATE** _____