CERTIFICATE OF RECORDS DESTRUCTION

This form documents the destruction of public records in accordance with Alaska Statute 40.25,

| 1. Agency/Locality | 2. Division/Department | 3. Person Completing Form |
|--------------------------------|------------------------|-----------------------------|
| City of Gustavus | Desk of the City Clerk | Karen Platt CMC, City Clerk |
| 4. Address, City, State & Zip | 5a. Telephone Number | 5b. E-mail Address |
| P.O. Box 1, Gustavus, AK 99826 | 907-697-2451 | |
| | | 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 | | | |
| PW-3 (6yrs) | Projects General | 01, 03, 04, 05, 09 | City Hall | 2 File | Recycle | | | |
| PW-4 (L+6yrs) | Contracts | 2005 | City Hall | 1 File | Shred | | | |
| C-20 (5yrs) | Committee Files | 06, 07, 08, 09, 11, 12, 13 | City Hall | 8 File | Recycle | | | |
| A-4 (4yrs) | Accounts Payable/Receivable | 06, 07, 09, 10 | City Hall | 4 Files | Recycle | | | |
| PW-1 (4yrs) | Procurement Files | 06, 07, 08, 09 | City Hall | 5 Files | Recycle | | | |
| PL-1 (10yrs) | Land Management – General | 06, 07, 08 | City Hall | 2 Files | Shred | | | |
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6 Records to Be Destroyed

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 | | |
|------|------|------|
| | | |
| DATE | | |

8. CITY CLERK/TREASURER _____

City of Gustavus Certificate of Records Destruction

9. RECORDS DESTRUCTION AFFIRMED BY: _____

DATE _____