CERTIFICATE OF RECORDS DESTRUCTION

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

1. Agency/Locality City of Gustavus 4. Address, City, State & Zip P.O. Box 1, Gustavus, AK 99826		2. Division/Department Desk of the City Clerk 5a. Telephone Number 907-697-2451		3. Person Completing Form Liesl Barker, City Clerk 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	
C-15	Required public notices	2017	City Hall	1 large file folder	Fire/shred	
E-3	Subject files- QRT reports	2017	City Hall	1 file folder	Fire/shred	
F-2	EMS Reports	2014	GVFD	1 file folder	Fire/shred	
D-5	Community Chest	2014-2019	DRC	1 large file folder	Fire/Shred	
We certify that the records listed	estroyed without receiving prior of above have been retained for the s	uthorization from the Mayor and/or C		etention Schedule, required audits l	nave been completed, and no pendi	
	ion involving these records is know					
7. MAYOR			DATE	DATE		
8. CITY CLERK/TREASURER			DATE _	DATE		
9. RECORDS DESTRUC	_					
AFFIRMED BY:			DATE _	DATE		