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 Liesl Barker, 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	b) Records Series Title	c) Date Range (mo/yr)	d) Location	e) Volume	f) Destruction Method	
Records Series Number	·	, , ,	•	ŕ	,	
A-13 CFY+14years	Accounting – Payroll	2007	City Hall	1 paper	burn	
A-12 C+4 years	Accounting – Payroll	2018	City Hall	2 file folders	burn	
HR - 2 CFY+14 years	HR- Employee	2008	City Hall	1 paper	burn	
HR – 6 CY +1 year	HR Applications for employment (not hired)	2021	City Hall	1 file folder	burn	
DESTRUCTION APPR Note: Public records may not be d		uthorization from the Mayor and/or	City Council.			
	above have been retained for the solon involving these records is known	cheduled retention period, as per the vn to exist.	City of Gustavus Records Re	tention Schedule, required audits	have been completed, and no pendin	
7. MAYOR			DATE	DATE		
8. CITY CLERK/TREASURER			DATE	DATE		
9. RECORDS DESTRUC AFFIRMED BY:	TION		DATE			
AFFIXMED DI.			DAID	<i>D</i> RI <i>D</i>		