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

2. Division/Department

3. Person Cor

1. Agency/Locality City of Gustavus 4. Address, City, State & Zip P.O. Box 1, Gustavus, AK 99826		Desk of the City Clerk 5a. Telephone Number 907-697-2451		3. Person Completing Form Karen Platt CMC, 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
A-5 (8yrs)	Accounting _ Banking Records	2012-2013	Treasurer	25 files	Shred						
A-4 (4yrs)	Accounting – Accounts Receivable/Payable	2013, 2015-17	Treasurer	2 files + entire file box	Shred						
AD-4 (4yrs)	Policies and Procedures	2007	Clerk	1 file	Recycle						
We certify that the records listed	destroyed without receiving prior o	authorization from the Mayor and/or C cheduled retention period, as per the C wn to exist.		tention Schedule, required audits hav	ve been completed, and no pending						
7. MAYOR			DATE	DATE							
8. CITY CLERK/TREASURER			DATE								
9. RECORDS DESTRU AFFIRMED BY:	CTION		DATE								