



## TOWN OF MINERAL

### Records & Information Management

### Certificate of Records Destruction (RM3 Form)

Person Completing Form: \_\_\_\_\_

Approving Official: \_\_\_\_\_

Series Title	Series Number	Start Date (month/ year)	End Date (month / year)	Volume	Destruction Method

Submitted to the Library of Virginia on: \_\_\_\_\_

By: \_\_\_\_\_

Record Destruction Date: \_\_\_\_\_