

EXHIBIT A RESOLUTION NO. 2025-36

CITY OF NEEDLES

To: City Clerk
From: Department Head
Subject: Request for Destruction of Obsolete Records

I am requesting approval to destroy the obsolete records listed below.

Various
Department Head

September 9, 2025
Date

DATE OF RECORD	DESCRIPTION OF RECORD
	SEE ATTACHED

(If additional space is needed to describe records, please attach additional pages)

APPROVED

City Attorney

Date

The obsolete records described above (and on any attached pages) were approved by the City Council for destruction on:

Date: _____ Resolution No. _____

The obsolete records described above (and on any attached pages) were destroyed under my supervision using the following method:

☐ Shredding ☐ Burning ☐ Other (specify method)

I certify that such destruction meets the requirements of the City's Records Retention and Destruction Policy and all applicable requirements of State and federal law.

City Clerk

Date of Records Destruction

09-09-25-2025