

EXHIBIT A
RESOLUTION 2024-14
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.

<u>Various</u>	<u>March 12, 2024</u>
Department Head	Date

DATE OF RECORD	DESCRIPTION OF RECORD
	SEE ATTACHED

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

APPROVED

<u>City Attorney</u>	<u>Date</u>
----------------------	-------------

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.

<u>City Clerk</u>	<u>Date of Records Destruction</u>
-------------------	------------------------------------