Print Reset

RECORDS DISPOSAL CERTIFICATE

APPLICATION #: 03-002C

COUNTY: Cook

FROM: MWRDGC-General Admin
(Agency Division)

ADDRESS: 100 East Erie Street
(Street, P.O. Box)
Chicago, IL 60611
(City, ZIP Code)

CONTACT TELEPHONE: (312) 751-5600

CONTACT EMAIL: TorresJ@mwrd.org

TO: Local Records Commission
Margaret Cross Norton Building
Springfield, IL 62756
217-782-7075

Directions:

1. Fill in all blanks and columns.
2. Application item numbers must be listed in numerical order.
3. Record series titles must be listed as they appear on application.
4. Sign and send certificate to above address sixty (60) days prior to disposal date.
5. Retain records until approved copy is returned.
6. This form can be found online at http://www.cyberdriveillinois.com/.

APPLICATION ITEM NO.	RECORD SERIES TITLE	INCLUSIVE DATES (MONTH/YEAR)	VOLUME OF RECORDS (Cu. Ft. or MB/GB)
	General Administration		
	Fleet Records		
408	Equipment Records disposed equipment only	2018	NEG
501	Automobile Repair Records	2017	1 Cu. Ft.
1103	Accident Report Files	2012	NEG
	Affirmative Action Records		
700	Administrative Files & Gen Admin Correspondence	2018	NEG
701	Administrative Files & Gen Admin Correspondence	2018	NEG
702	Affirmative Action Certified Payrolls project completed	2014	NEG
703	Contract Documentation completed terms	2009	NEG
	Copies completed terms	2014	NEG
	Budget and Management Files		
800	Administration Correspondence Files	2018	1 Cu. Ft.
801	Budgets	2012	1 Cu. Ft
802	Budget Work Papers	2017	1 Cu. Ft.
			Total Volume from all pages Cu. Ft. 21 MB/GB _____

If any of the above records are microfilmed, I hereby certify that they have been reproduced in compliance with standards given in Sections 4000.50 and 4500.50 of the Regulations of the Local Records Commissions.
If the records are digitized, I certify that they have been reproduced in compliance with standards given in Sections 4000.70 / 4500.70 and will be maintained in compliance with standards given in Sections 4000.80 / 4500.80 of the Regulations of the Local Records Commissions.

_____
(Signature required only if records have been microfilmed or digitized)

I hereby certify that, in compliance with authorization received from the Local Records Commission, the records listed above will be disposed of on or after:

Date _____ Approved by ILSOS _____

Signature _____ Date _____

Jacqueline Torres, Clerk/Director of Finance
Print name and title on line above

Prepared by: _____

Printed by authority of the State of Illinois. December 2018 — 1M — LR 4.14