Print Reset

RECORDS DISPOSAL CERTIFICATE

APPLICATION #: 03-002C

COUNTY: Cook

FROM: MWRDGC - P&MM Dept
(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)
	PROCUREMENT & MATERIALS MANAGEMENT		
240	Unsuccessful Contracts & Bids	2012-2016	2 Cu. Ft.
500	Administrative Files	2016-2018	NEG
501	Automobile Repair Files	2015-2017	NEG
502	Budget Working Papers	2015-2017	NEG
503	Contracts - Original - Completed Terms	2007-2009	NEG
503	Contracts - Duplicates - Completed Terms	2012-2014	NEG
505	Material Issue Requests	2015-2017	NEG
506	Monthly Inventory Activity Reports	2015-2017	NEG
507	Purchase Orders	2014-2017	NEG
508	Purchase Order Logs	2015-2017	NEG
509	Requisition Logs	2015-2017	NEG
			Total Volume from all pages Cu. Ft. 2 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: _____

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