Print Reset

RECORDS DISPOSAL CERTIFICATE

APPLICATION #: 03-002C

COUNTY: Cook

FROM: MWRDGC - M&R 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)
	Monitoring & Research Department		
1900	Consultant Agreements	2008-2009	3 Cu. Ft.
1901	Contracts, Agreements, and Leases	2013-2014	3 Cu. Ft.
2000	Administrative/Correspondence Files	2001-2017	16 Cu. Ft.
2001	Company Files	1991-2009	75 Cu. Ft.
2100	Surveillance Files	2000-2015	10 Cu. Ft.
2200	Rate Determination Letters	NEG	NEG
2201	User Charge Customer Files	2008	44.4 Cu. Ft.
2301	Analytical Data Files	2003-2008	3.6 Cu. Ft.
2303	Interrogatories	2003-2008	1.2 Cu. Ft.
2304	Laboratory Bench Books	2010-2012	1.2 Cu. Ft.
2306	Quality Assurance/Control Data	2012	3.6 Cu. Ft.
2700	Analytical data files (CDOM weekly reports)	2009	5 Cu. Ft.
			Total Volume from all pages Cu. Ft. 166 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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