

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

CONTACT EMAIL: _____

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 or email to recordsmgt@ilsos.gov.
5. Retain records until approved copy is returned.

Prepared by:

**RECORDS DISPOSAL CERTIFICATE
SUPPLEMENTAL PAGE**

Page_____of_____

APPLICATION NO.: _____

COUNTY: _____

FROM: _____

(Agency, Division)

APPLICATION ITEM NO.	RECORD SERIES TITLE	INCLUSIVE DATES	VOLUME OF RECORDS (Cu. Ft. or MB/GB)

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