

RECORDS DISPOSAL CERTIFICATE

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

APPLICATION #: _____
COUNTY: _____
FROM: _____
(Agency Division)
ADDRESS: _____
(Street, P.O. Box)

(City, ZIP)
CONTACT TELEPHONE: (_____) _____
CONTACT EMAIL: _____

APPLICATION ITEM NO.	RECORD SERIES TITLE	INCLUSIVE DATES	VOLUME OF RECORDS (Cu. Ft. or MB/GB)
			Total Volume from all pages Cu. Ft. _____ 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.

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:

Disposal date set by the ILSOS _____ Approved by ILSOS _____

Signature of the Agency Official _____ Submission Date _____

Print Agency Official name and title on line above

Prepared by: _____

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

**RECORDS DISPOSAL CERTIFICATE
SUPPLEMENTAL PAGE**

Page_____of_____

APPLICATION NO.: _____

COUNTY: _____

FROM: _____
(Agency, Division)

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