

# RECORDS DISPOSAL CERTIFICATE

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

APPLICATION #: \_\_\_\_\_

COUNTY: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Agency Division)

ADDRESS: \_\_\_\_\_  
(Street, P.O. Box)

\_\_\_\_\_  
(City, ZIP Code)

CONTACT TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

**Directions:**

1. Fill in all blanks and columns.
2. Sign and send certificate to above address thirty (30) days prior to disposal date.
3. Retain records until approved copy is returned.

APPLICATION ITEM NO.	RECORD SERIES TITLE	INCLUSIVE DATES	VOLUME OF RECORDS (Cu. Ft. or 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:

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print name and title on line above

Prepared by: \_\_\_\_\_

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