

DIVISION

Office/Dep

Revised 32224
CONTACT (Name Telephone Number Billing address Room Number)

SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent.

NOTICE OF INTENTION

The scheduled records listed below are to be disposed of in the manner checked below (specify in detail):

a. Destroyed. Microfilm/Original Scanned and Destroyed

c. Other

Signature Date

Name Title

List of Record Series

a. Schedule Item
f.

Volume Count

9. DISPOSAL AUTHORIZATION: Disposal of the above listed records is authorized. Agency records are indicated.

Records Manager/Officer Date