



City of Calistoga

RECORDS MANAGEMENT

NOTICE OF INTENT TO RELY ON ELECTRONIC RECORD AS THE OFFICIAL RECORD (Trustworthy Electronic Records Compliance)

DEPARTMENT:	NOTICE NUMBER: PAGE ____ OF ____ PAGES
<p>DEPARTMENT HEAD APPROVAL: I certify that the records listed below have been imaged in compliance with applicable state laws, and placed on the City's Imaging Drive (see right)</p> <p>_____ Department Head Signature Date</p>	<p>___ Images have been quality checked, and contain all significant details from the original and are an adequate substitute for the original document for all purposes for which the document was created or maintained.</p> <p>___ Indexing has been verified / quality checked.</p>
<p>INFORMATION TECHNOLOGY APPROVAL: I certify that the records listed below (placed on the City's Imaging Drive) have been placed on unalterable media and stored in a safe and separate location (see right)</p> <p>_____ Information Technology Signature Date</p>	<p>___ Images have been placed on optical media that cannot be altered or changed (DVD-r, CD-R, or WORM), microfilm or microfiche.</p> <p>___ The optical media that cannot be altered or changed (DVD-r, CD-R, or WORM), microfilm or microfiche has been stored in a safe and separate location.</p>

A. Record Description	B. Box Number	C. Retention No. (from Records Retention Schedule)	D. Total Retention Period	E. Inclusive Dates of Documents (Start date, End Date)	
<p>CITY CLERK APPROVAL Disposal for above-listed records is authorized. Any deletions or modifications are indicated in red ink.</p> <p>_____ City Clerk Signature Date</p>				<p>DISPOSAL CERTIFICATE The above-listed records have been disposed of in the manner and on the date shown in</p>	



City of Calistoga

RECORDS MANAGEMENT

NOTICE OF INTENT TO DESTROY SCHEDULED RECORDS AND DISPOSAL CERTIFICATE

DEPARTMENT:	PAGE ____ OF ____ PAGES
DEPARTMENT HEAD APPROVAL: I hereby certify that the records to be disposed of are in compliance with the current retention schedule for the City of Calistoga _____ Department Head Signature Date	NOTICE OF INTENTION: The scheduled records listed below are to be disposed of in the manner checked below: <input type="checkbox"/> Destruction <input type="checkbox"/> Microfilming and Destruction <input type="checkbox"/> Other _____
CITY CLERK REVIEW: _____ City Clerk Signature Date	TO: CITY ATTORNEY

A. Record Description ¹	B. Box Number	C. Retention No. ¹	D. Total Retention Period ¹	E. Inclusive dates of documents (start/end)	F. Destruction Date

CITY ATTORNEY DESTRUCTION APPROVAL Disposal for the above-listed records is authorized. Any deletions or modifications are indicated in red ink. _____ City Attorney Signature Date	DISPOSAL CERTIFICATE The above-listed records have been disposed of in the manner listed above and on the date shown in column 'F'. _____ City Clerk Signature Date
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¹From Retention Schedule