



**ARIZONA STATE
LIBRARY, ARCHIVES AND PUBLIC RECORDS**
A DIVISION OF THE ARIZONA SECRETARY OF STATE
Joan Clark, State Librarian & Director



ARCHIVES AND RECORDS MANAGEMENT

Page ____ of ____

CERTIFICATE OF RECORDS DESTRUCTION

As authorized under ARS §41-151.19, ...A report of records destruction that includes a list of all records disposed of shall be filed at least annually with the state library on a form prescribed by the state library.

Failure to comply with these procedures is a violation of ARS §41-151.19.

Public Body City of El Mirage **Division** _____

Department City Clerk **Office/Unit** _____

Record Series Title as Stated on Approved Schedule	Schedule Number or Date	Item #	Records Start Date	Records End Date	Format: Paper, Digital, Microfilm	# of Files, Boxes, Reels; Electronic File Size
Housing Files: Agnelli, Boyd, Cardiel, Cutright, Diaz, Esquivel, Gomez, Gonzles, Gradillas, Hernandez, Howe Padilla, Perez, Cavazos	000.57.12	12	2.6.2021	11.1.2021	Paper	15
Housing: Cedillo, DeLaCruz, Gutierrez, Olivares, Vasquez	000.57.12	12	3.29.2020	10.15.2020	Paper	5
Housin: Cutright, Salas	000.57.12	12	2.23.2023	10.5.2023	Paper	2
Housing Files: Andres, Diaz, Eden, Bko, Jundi, Vargas White	000.57.12	12	1.18.2022	11.2.2022	Paper	6
Page Freezer Agreement	GS1017	10055	4.2.2019	4.2.2019	Paper	1
Butler Amusements	GS1018	10463a	4.5.2018	4.8.2018	Paper	1
CDW-G	GS1017	10055	5.9.2019	5.9.2019	Paper	1
Unsuccessful Bids Dwtn Water Main, Custodial Services	000-11-54-2	2	5.24.2021	5.24.2021	Paper	5

Name (type or print): Wendy Henson	Title: Records Officer or Designee (type or print): Deputy City Clerk	Phone : 623.876.2931
Signature:	E-Mail: whenson@elmirageaz.gov	Date: 5.21.2024

RECORDS MANAGEMENT CENTER

1919 West Jefferson Street • Phoenix, Arizona 85009 • Home Page: <http://www.azlibrary.gov/records>

Phone: (602) 926-3815 • FAX: (602) 256-2838 • E-Mail: records@azlibrary.gov



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INSTRUCTIONS

Use this form *ONLY* for records that were destroyed and were on a current approved Retention Schedule.

1. In the top section enter the name of your Agency or Public Body, and include any subdivision breakdown for division, department or unit.
2. List the Record Series titles associated with the destruction using the exact record series name(s) found on the approved Retention Schedule being following.
3. Enter either the schedule number or approved date for the Retention Schedule you are following to determine eligibility for destruction.
4. Enter the item number from the authorized schedule you are following.
5. Enter the earliest date of records you are requesting to destroy under the *Records Start Date* column and the latest date for the records you are requesting to destroy under the *Records End Date* column.
6. Enter the format of the records to be destroyed under the *Format: Paper, Digital, Microfilm* column.
7. Enter the amount of records being destroyed under the *Number of Files, Boxes, Reels or Electronic File Size* column.
8. If additional pages are needed for reporting, please save and print the form and fill in the corresponding page numbers at the top of the form.
9. At the bottom of the form enter the Agency or Public Body name, date on which the records were destroyed, and the printed and signed name of the individual who actually performed or arranged with a contracted vendor for the destruction of the records.
10. Mail or e-mail the original completed form to the Arizona State Library, Archives, and Public Records, Records Management Center. Fax copies are acceptable only if the received fax is legible.

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