

RECORDS DISPOSAL CERTIFICATE

To: Local Records Commission
 Illinois State Archives Building
 Springfield, Illinois 62756
 (217) 782-7075

APPLICATION #: _____

COUNTY: _____

FROM: _____
 Agency Division

ADDRESS: _____
 Street, P.O. Box

 City, Zip Code

TELEPHONE: () _____

Directions:

1. Fill in all blanks and columns.
2. Sign and send certificate to above address sixty (60) days prior to disposal date.
3. Retain records until approved copy is returned.

APPLICATION ITEM NO.	RECORD SERIES	INCLUSIVE DATES	CUBIC FEET TO BE DISPOSED

If any of the above records are filmed, I hereby certify that the film on which the records were reproduced complies with the standards given in Sections 4000.50 and 4000.60 of the Regulations of the Local Records Commission. If records are digitized, I certify that the original is reproduced accurately and legibly in all details in a medium that does not permit additions, deletions, or changes to the images.

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 _____.

 Signature Date

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

 Please print name and title on the line above