Mesquite
Nevada

CITY OF MESQUITE
CERTIFICATE OF DESTRUCTION

Name:	**Phone:**	**Date:**
Department/Division:		
Description of Records:		
Inclusive Dates (List the earliest date through the latest date, e.g. 7/1/99 through 6/30/00):		
Volume (Indicate estimated number of records)**:**		
Reason for Destruction: (Check one) ☐ Met Retention Requirement according to approved Retention Schedule. ☐ Migrated to new medium according to State Statute and City policy.		
Retention Schedule (Check one)**:** ☐ State of Nevada		
Retention Schedule Title: (e.g. Finance)	**Record Series:** (e.g. Accounts Receivable) **LRDA #**	
Retention Requirement: (e.g. 5 fiscal years from the year in which the payment is received.)		
Method of Destruction: Department: ☐ Shredding ☐ Other (Explain): Clerk: ☐ Shredding ☐ Burning ☐ Other (Explain):		

Approval

(Required prior to proceeding with destruction)

Department Head (Sign Name to authorize destruction of records)	(Print Name)	**Date**
Records Manager (Sign Name to approve adherence to Requirements)	(Print Name)	**Date**

Destruction

Records Destroyed by: (Sign Name after records have been destroyed)	(Print Name)	**Date**

Confidential/Sensitive Records Only

Witness to Destruction: (Sign Name)	(Print Name)	**Date**

Requestor: **Complete top section of form, obtain Department Head approval and forward original form to Clerk's Office. Upon receipt of approved form, destroy records as indicated, completed bottom portion of form and return to Clerk's Office.**

Records Manager: Review form for approval and return to Requestor. If records are being destroyed through Clerk's Office, contact requestor to make arrangements to receive records.