



RECORDS DESTRUCTION FORM

Submitted By:

Department:

RECORDS DESTRUCTION REQUEST

Series Title Ex. Contracts	
Schedule No. Ex. 166-200-0265(3)(c)	
Retention Period Ex. 2 years	

Records Description (use reverse side or attach copy if necessary):

I do hereby certify that the records described above have been retained longer than required in accordance with OAR and no longer have any particular value to the City of Newberg, Oregon.

Signature: 

Date:

DO NOT DESTROY ANY RECORDS WITHOUT RECORDER'S SIGNATURE BELOW

DESTRUCTION APPROVAL

City Recorder Use Only

☐ APPROVED

☐ DENIED reason:

City Recorder's Signature:

Date:

CERTIFICATE OF DESTRUCTION

The records above were destroyed on the date, by the method, and by the person noted below

☐ Non-Confidential Records ☐ Confidential Records – *Must be destroyed by shredding or incineration*

Destroy Method:

☐ Recycle ☐ Shred ☐ Other:

Completion Date:

Destroyed By:

Signature:

Title:

Department:



RECORDS DESTRUCTION FORM

Records Description (continued – delete this page if not needed):