

# DEQ Records Destruction Authorization Form

**Before** destroying records, email this form to your manager & agency records officer (Leela Yellesetty) to obtain authorization.

Authorization is by email only, no signatures required.

### Records destruction procedure

### DEQ Retention Schedule

## State General Retention Schedule

Program/section name:

CSD/Health & Safety

**Date approved by records officer:** \_\_\_\_\_

**Program staff requesting destruction:**

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Dana Bailey

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**Date destroyed:**

**Approving Manager:**

B.R.

10/16/19

[illegible]