

WOLF Emmy * DEQ

From: RecordsRequest * DEQ
Sent: Monday, May 5, 2025 2:01 PM
To: MURPHY AnneMarie * DEQ; RecordsRequest * DEQ
Cc: SCHROSK Andrea * DEQ
Subject: RE: Records Destruction Authorization Form

These records are approved for destruction.

Thank you!
Linda



Linda Ross (she/her/hers)
Records Officer
Oregon Department of Environmental Quality
700 NE Multnomah St, Suite 600
Portland, OR 97232
Phone: 971.400.9142
Email: linda.ROSS@deq.oregon.gov

From: MURPHY AnneMarie * DEQ
Sent: Sunday, May 4, 2025 7:01 PM
To: RecordsRequest * DEQ
Cc: SCHROSK Andrea * DEQ
Subject: Re: Records Destruction Authorization Form

Hi Andrea

I approve the destruction of these records.

Thank you.

Anne Marie Murphy

Anne Marie Murphy
Accounting Manager
Department of Environmental Quality
700 NE Multnomah St Ste 600
Portland, OR 97232

From: RecordsRequest * DEQ <recordsrequest@deq.oregon.gov>
Sent: Friday, May 2, 2025 3:44:16 PM
To: MURPHY AnneMarie * DEQ <AnneMarie.MURPHY@deq.oregon.gov>
Cc: SCHROSK Andrea * DEQ <Andrea.Schrosk@deq.oregon.gov>
Subject: FW: Records Destruction Authorization Form

Good afternoon AnneMarie,

Can you let us know if you approve of the destruction of these records?

We would appreciate it!

Thank you,

Linda

Linda Ross
Records Officer

From: SCHROSK Andrea * DEQ <andrea.schrosk@deq.oregon.gov>
Sent: Monday, April 14, 2025 9:29 AM
To: RecordsRequest * DEQ <recordsrequest@deq.oregon.gov>
Cc: MURPHY AnneMarie * DEQ <AnneMarie.MURPHY@deq.oregon.gov>
Subject: Records Destruction Authorization Form

Hi,

Please see the attached Destruction Authorization request form.

Thanks,



State of Oregon
Department of
Environmental
Quality

Andrea Schrosk
Accounting Technician - Revenue

Pronouns: she/her [why share pronouns?](#)
Phone: 503.805.8116
Email: andrea.schrosk@deq.oregon.gov

Oregon Department of Environmental
Quality
700 NE Multnomah St #600
Portland OR 97232

DEQ Records Destruction Authorization Form

Before destroying records, email this form to your manager & RecordsRequest@deq.state.or.us to obtain authorization.

Authorization is by email only, no signatures required.

[Records destruction procedure](#)

[DEQ Retention Schedule](#)

[State General Retention Schedule](#)

Program/section name:	<u>Accounting</u>	Date approved by records officer:	<u> </u>
Program staff requesting destruction:	<u>Andrea Schrosk</u>	Date destroyed:	<u> </u>
Approving Manager:	<u>AnneMarie Murphy</u>		

Schedule Name/ # (select from dropdown in space below)	Series # (from schedule)	Series Name (from schedule)	Retention period (from schedule)	Contents (any additional description or attach detailed list)	Date(s)
State General Schedule : 166-300	166-300-0025-45	Warrant Cancellation Request Records	6 years	stop pay/cancellation requests	9/16/12 through 3/8/19
State General Schedule : 166-300	166-300-0025-13	Cash Receipts Records	6 years	NWR Office Daily Reconciliation Sheets	1/6/16 through 11/14/16


