

**CITY OF NEW YORK DEPARTMENT OF RECORDS AND INFORMATION SERVICES  
31 CHAMBERS STREET, ROOM 105, NEW YORK, NY 10007, (212) 788-8550**

**RECORDS RETENTION DISPOSITION FORM**

<b>TO: COMMISSIONER, DEPARTMENT OF RECORDS AND INFORMATION SERVICES AND THE CORPORATION COUNSEL OF THE CITY OF NEW YORK</b>		
<b>FROM:</b>		
<b>SUBJECT: RECORDS DISPOSITION</b>  <input type="checkbox"/> <b>ONE TIME DISPOSAL</b>	<b>REQUESTING AGENCY'S FISA NO:</b>	<b>DATE PREPARED:</b>
	<b>RDS OFFICER'S NAME</b>	
	<b>TITLE:</b>	<b>OFFICE TELEPHONE:</b>
	<b>ADDRESS:</b>	
<b>PERMISSION IS HEREBY REQUESTED TO PERFORM THE ABOVE INDICATED ACTION. WE UNDERSTAND THAT IT IS THE RESPONSIBILITY OF OUR AGENCY TO ENSURE THAT NO RECORDS MAY BE DESTROYED IF THEY ARE NECESSARY FOR THE PURPOSE OF AUDIT OR LITIGATION.</b>		
<b>SIGNATURE OF AGENCY REPRESENTATIVE:</b>	<b>TITLE:</b>	
<b>PRINTED NAME OF AGENCY REPRESENTATIVE:</b>	<b>DATE:</b>	<b>OFFICE NUMBER:</b>
<b>ATTACHMENT (S):</b> <input type="checkbox"/> <b>YES - NUMBER OF SHEETS:</b> _____		
<b>FOR NYC DEPARTMENT OF RECORDS USE ONLY— DO NOT WRITE BELOW THIS</b>		
<b>ALL RECORDS ARE PROPERLY SCHEDULED AND ELIGIBLE FOR THE INDICATED ACTION. CHANGES TO THE SCHEDULE ARE ATTACHED.</b>		
<b>SIGNATURE OF AGENCY REPRESENTATIVE:</b>	<b>TITLE:</b>	
	<b>COMMISSIONER</b>	
<b>PRINTED NAME OF AGENCY REPRESENTATIVE:</b>	<b>DATE:</b>	<b>OFFICE TELEPHONE:</b>
<b>PAULINE A. TOOLE</b>		<b>(212) 788-8607</b>
<b>FOR CORPORATION COUNSEL USE ONLY— DO NOT WRITE BELOW THIS LINE</b>		
<b>CITY OF NEW YORK LAW DEPARTMENT WILL COMPLETE THIS AREA:</b>  <b>NONE OF THE ACTIONS CITED VIOLATE ANY LAW OR RULE. ANY RECORDS ELIGIBLE FOR DISPOSAL WHICH MUST BE HELD FOR THE PURPOSE OF LITIGATION ARE LISTED ON THE REVERSE SIDE.</b>		
<b>SIGNATURE:</b>	<b>TITLE:</b>	
	<b>CITY'S MANAGING ATTORNEY</b>	
<b>PRINTED NAME:</b>	<b>DATE:</b>	<b>OFFICE TELEPHONE:</b>
<b>G. FOSTER MILLS</b>		<b>(212) 788-0300</b>

**NYC Department of Records and Information Services  
Municipal Records Management Division**

**RECORDS RETENTION SCHEDULE**

TO: Commissioner, Department of Records and Information Services					PAGE	OF	PAGES
FROM:					DATE		
<p align="center">In our opinion, the records described on this form are no longer required for the current operation of this agency and are of no further administrative, legal or fiscal value to our agency or to the public</p>							
RECORD TITLE NUMBER	RECORDS TITLE	INCLUSIVE DATES		VOLUME	REMARKS		
		FROM	TO				
A P P R O V A L S	AGENCY HEAD SIGNATURE		TITLE		DATE		
	DORIS COMMISSIONER SIGNATURE				DATE		
	LAW DEPARTMENT SIGNATURE		TITLE		DATE		