

CITY OF NEW YORK  
 DEPARTMENT OF RECORDS AND INFORMATION SERVICES  
 MUNICIPAL RECORDS MANAGEMENT DIVISION

**APPLICATION FOR AUTOMATIC DELETION OF RECORDS**

<b>To:</b> Commissioner, Department of Records and Information Services		
<b>FROM AGENCY:</b>		<b>DATE:</b>
<b>NAME OF PRIMARY CONTACT REGARDING THIS APPLICATION:</b>		<b>TITLE:</b>
<b>EMAIL:</b>	<b>PHONE NO.:</b>	

**PERMISSION IS REQUIRED TO COMMENCE THE AUTOMATIC DELETION OF RECORDS DESCRIBED IN THIS APPLICATION. THIS APPLICATION COVERS ONLY THE DESCRIBED PROCESS TO AUTOMATICALLY DELETE RECORDS CREATED AFTER THE APPROVAL OF THIS APPLICATION. DISPOSAL OF PREEXISTING RECORDS MUST BE APPROVED BY A SEPARATE APPLICATION FOR RECORDS DISPOSAL. NO RECORDS MAY BE DELETED OR DISPOSED OF UNTIL THE REQUESTING AGENCY HEAD, CORPORATION COUNSEL, AND DEPARTMENT OF RECORDS AND INFORMATION SERVICES COMMISSIONER HAVE SIGNED AND DATED THIS APPLICATION.**

**Description of Records Subject To Automatic Deletion**

Record Title	Number:	Name:	
<b>Description of the records to be automatically deleted</b>			<i>Specify any existing record series applicable to the records that will be subject to automatic deletion</i>
<b>How are the records generated or created?</b>			<i>E.g., "Location data from vehicle GPS" or "audio recordings of telephone calls received"</i>
<b>Name and location of the data system(s) on which the records will reside, including any agencies or third-parties with responsibility or ownership.</b>			<i>E.g., "automatically uploaded by device" or "requests entered by members of the public on [specific website]"</i>
<b>Primary use of these records, including business units, agencies, and outside entities that regularly request access.</b>			<i>E.g., "Database on DoITT hosted server", "Cloud Service hosted by [company name] pursuant to contract number: XYZ123"</i>
			<i>E.g., "litigation support, requested by Law Department", "auditing by Comptroller", "process management by [specific business unit]"</i>

**Date Range of Records**

<p><b>Earliest date of the described records.</b></p>	
<p><b>Are there plans to purge records that pre-date approval of automatic deletion? If so, describe the criteria and process to be used to ensure necessary records are preserved until disposal is approved.</b></p>	

*E.g., when did or will the data system begin collecting records that will be automatically deleted?*

*This application is only applicable to **prospective** deletion of records; a separate disposal application **must** be submitted prior to deleting any pre-existing records.*

**Reason for Automatic Deletion**

<p><b>Why is automatic deletion appropriate or necessary for these records?</b></p>	
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*E.g., "Required by law" with cite to applicable statute or regulation;*

*"Storage space constraints", describing the amount of data generated per month or year, and the cost of storage;*

*"Records no longer relevant or needed after specified time", including basis for that assertion*

**Process for Automatic Deletion**

<p><b>What criteria will be used to flag records for automatic deletion?</b></p>	
<p><b>How often will the automatic deletion process occur?</b></p>	
<p><b>What is the minimum time a record will exist before being flagged for automatic deletion?</b></p>	
<p><b>Proposed date for automatic deletion to begin</b></p>	

*E.g., "All records created more than [n] months ago", "records that have not been accessed in [n] months"*

*E.g., "Once a day/week/month"*

*The minimum number of months a record will exist prior to deletion;*

**THIS NUMBER IS USED TO CALCULATE THE DATE WHEN AUTOMATIC DELETION CAN COMMENCE**

*No automatic deletion can occur prior to the date approved on this application.*

**Process For Identifying And Preserving Necessary Records Prior To Automatic Deletion**

**NO PROCESS FOR AUTOMATIC DELETION WILL BE APPROVED UNLESS THERE IS A CLEARLY-DEFINED PROCESS FOR THE IDENTIFICATION AND PRESERVATION OF RECORDS NECESSARY TO THE BUSINESS OF THE CITY. IT IS THE REQUESTING AGENCY’S RESPONSIBILITY TO MAINTAIN THE PROCESS DESCRIBED, AND TO NOTIFY BOTH DORIS AND ALL REGULAR USERS OF THE RECORDS OF ANY CHANGES TO THE PROCESS, INCLUDING ANY CHANGE OF CONTACT INFORMATION FOR SUBMITTING REQUESTS TO PRESERVE PARTICULAR RECORDS.**

<p><b>Name of Business Unit responsible for identifying and preserving necessary records from automatic deletion.</b></p>		<p><i>Who will field requests for such records and take action to ensure that requested records are not automatically deleted?</i></p>
<p><b>Describe process by which records will be identified and preserved.</b></p>		<p><i>Include how the responsible Business Unit will receive requests for preservation, and what steps they will take to ensure that those requests result in preservation of necessary records, including any third parties that will be involved in carrying out the preservation request. Please be as detailed as possible.</i></p>

**Commencement of Automatic Deletion**

<p><b>Has autodeletion already begun? If so, when did it begin. If not, when will the agency be ready to commence automatic deletion?</b></p>		<p><i>Also note any changes to the auto deletion protocol that have been made since it began.</i></p>
<p><b>Specify the date range of the described records that are no longer available.</b></p>		<p><i>E.g., the date range from when the records were first created until either the present or when automatic deletion was paused.</i></p>
<p><b>Describe any measures previously taken to preserve necessary records from deletion.</b></p>		<p><i>Include processes to copy necessary records to requesting parties.</i></p>

**TO BE COMPLETED BY THE HEAD OF THE REQUESTING AGENCY**

<p><b>Permission is hereby requested to establish the automatic deletion of records described in this application beginning on the date approved by the Commissioner of the Department of Records and Information Services.</b></p>		
<p><b>SIGNATURE OF AGENCY HEAD</b></p>	<p><b>TITLE:</b></p>	<p><b>DATE:</b></p>

**REVIEW BY MUNICIPAL ARCHIVIST**

<input type="checkbox"/> This application for automatic deletion should be <b><u>APPROVED</u></b> because: <ul style="list-style-type: none"><li><input type="checkbox"/> The records described above are <b><u>Non-Archival</u></b>; or</li><li><input type="checkbox"/> The records described above are <b><u>Archival</u></b>; and,<ul style="list-style-type: none"><li><input type="checkbox"/> The requesting agency has agreed to <b><u>transfer an exact copy of all such records to the Municipal Archives</u></b> prior to automatic deletion on the agency's data systems, using the process described below; or</li><li><input type="checkbox"/> The requesting agency has agreed to <b><u>transfer an exact copy of a sample of such records to the Municipal Archives</u></b> prior to automatic deletion on the agency's data systems, using the process described below; or</li></ul></li></ul>
<input type="checkbox"/> This application for automatic deletion should be <b><u>DENIED</u></b> because the described records are <b><u>Archival</u></b> and no process has been established to ensure their proper preservation.

**The requesting agency will establish and maintain the following process to ensure that the described records are preserved for archival purposes:**

  
  
  
  
  
  
  
  
  
  

<b>TO BE COMPLETED BY THE MUNICIPAL ARCHIVIST</b>	
<b>The Municipal Archives has reviewed this application for automatic deletion of records and recommends that it be approved subject to any preservation process described above.</b>	
<b>SIGNATURE OF MUNICIPAL ARCHIVIST:</b>	<b>DATE:</b>

**CERTIFICATIONS**

<b>TO BE COMPLETED BY THE CORPORATION COUNSEL</b>	
<b>I APPROVE THE AUTOMATIC DELETION OF RECORDS PURSUANT TO THE PROCESS AND CONDITIONS DESCRIBED ON THIS APPLICATION.</b>	
<b>SIGNATURE:</b>	<b>DATE OF APPROVAL:</b>
<b>PRINTED NAME:</b> <b>MURIEL GOODE-TRUFANT</b>	<b>TITLE:</b> <b>MANAGING ATTORNEY</b>
<b>EMAIL ADDRESS:</b> <a href="mailto:mgoodetr@law.nyc.gov">mgoodetr@law.nyc.gov</a>	<b>PHONE No.:</b> (212) 356-2200

<b>TO BE COMPLETED BY THE DEPARTMENT OF RECORDS AND INFORMATION SERVICES</b>	
The records identified in this application are properly identified and will be eligible for automatic disposal in the manner described beginning <b>on or after</b> _____, provided the process described for preserving necessary records is maintained and carried out and no subsequent preservation notice for the described records has been issued by the Law Department or other authorized agency.	
<b>SIGNATURE:</b>	<b>DATE OF APPROVAL:</b>
<b>PRINTED NAME:</b> <b>PAULINE A. TOOLE</b>	<b>TITLE:</b> <b>COMMISSIONER</b>
<b>EMAIL ADDRESS:</b> <a href="mailto:ptoole@records.nyc.gov">ptoole@records.nyc.gov</a>	<b>PHONE No.:</b> (212) 788-8607