

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

TO: COMMISSIONER, DEPARTMENT OF RECORDS AND INFORMATION SERVICES CORPORATION COUNSEL, THE CITY OF NEW YORK		
FROM:		
SUBJECT: RECORDS DISPOSITION <input type="checkbox"/> ONE-TIME DISPOSAL	REQUESTING AGENCY'S FISA NUMBER:	DATE PREPARED:
	RECORDS MANAGEMENT OFFICER'S NAME:	
	TITLE:	OFFICE TELEPHONE:
	ADDRESS:	
PERMISSION IS HEREBY REQUESTED TO PERFORM THE DISPOSAL OF THE RECORDS DESCRIBED IN THIS APPLICATION.		
SIGNATURE OF AGENCY REPRESENTATIVE:		TITLE:
PRINTED NAME OF AGENCY REPRESENTATIVE:		DATE:
		OFFICE NUMBER:
ATTACHMENT(S):		
<input type="checkbox"/> YES – NUMBER OF SHEETS: _____		
TO BE COMPLETED BY THE CORPORATION COUNSEL		
I APPROVE THE DISPOSAL OF THE RECORDS LISTED ON THE RECORDS DISPOSAL APPLICATION, EXCEPT TO THE EXTENT NOTED IN THE REMARKS SECTION OF THIS APPLICATION.		
SIGNATURE:		TITLE:
		MANAGING ATTORNEY
PRINTED NAME:		DATE:
MURIEL GOODE-TRUFANT		OFFICE TELEPHONE:
		(212) 356-2200
TO BE COMPLETED BY THE DEPARTMENT OF RECORDS AND INFORMATION SERVICES.		
ALL RECORDS ARE PROPERLY SCHEDULED AND ELIGIBLE FOR DISPOSAL.		
SIGNATURE OF AGENCY REPRESENTATIVE:		TITLE:
		COMMISSIONER
PRINTED NAME OF AGENCY REPRESENTATIVE:		DATE:
PAULINE A. TOOLE		OFFICE TELEPHONE:
		(212) 788-8607

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

TO: Commissioner, Department of Records and Information Services	PAGE OF PAGES
FROM AGENCY:	DATE:

PERMISSION IS REQUIRED TO DISPOSE OF RECORDS DESCRIBED ON THIS DISPOSAL APPLICATION. THE RANGE OF YEARS AND ESTIMATED VOLUME OF MATERIAL TO BE DISPOSED HAS BEEN SUPPLIED. NO RECORDS MAY BE DISPOSED UNTIL THE REQUESTING AGENCY HEAD, CORPORATION COUNSEL, AND DEPARTMENT OF RECORDS AND INFORMATION SERVICES COMMISSIONER HAVE SIGNED AND DATED EACH PAGE OF THIS APPLICATION.

RECORD TITLE NUMBER	RECORD TITLE NAME	INCLUSIVE DATES		VOLUME	ARCHIVAL REVIEW ONLY	REMARKS
		FROM	TO			
					<input type="checkbox"/> Non-Archival <input type="checkbox"/> Transfer to MA <input type="checkbox"/> Sample/Archival Review	
					<input type="checkbox"/> Non-Archival <input type="checkbox"/> Transfer to MA <input type="checkbox"/> Sample/Archival Review	
					<input type="checkbox"/> Non-Archival <input type="checkbox"/> Transfer to MA <input type="checkbox"/> Sample/Archival Review	
					<input type="checkbox"/> Non-Archival <input type="checkbox"/> Transfer to MA <input type="checkbox"/> Sample/Archival Review	
					<input type="checkbox"/> Non-Archival <input type="checkbox"/> Transfer to MA <input type="checkbox"/> Sample/Archival Review	

AGENCY HEAD SIGNATURE:	TITLE	DATE:
NYC MUNICIPAL ARCHIVIST SIGNATURE:	TITLE MUNICIPAL ARCHIVIST	DATE:
LAW DEPARTMENT LEGAL REPRESENTATIVE SIGNATURE:	TITLE MANAGING ATTORNEY	DATE:
DORIS AGENCY HEAD SIGNATURE:	TITLE COMMISSIONER	DATE: