

QUICK REFERENCE GUIDE: RECORDS DISPOSAL APPLICATION

Introduction

This document provides guidance for Records Management Officers preparing an application for disposal of records which have reached their required retention period. In accordance with Section 1133 of the City Charter, no records shall be destroyed or otherwise disposed of by an agency, officer or employee of the city unless approval has been obtained from the commissioner of records and information services, the corporation counsel and the head of the agency which created or has jurisdiction over the records.

Requirements

All boxes listed on the application must belong to an existing record series.

Record series numbers, titles and retention can be found on the agency's records retention schedule. If you wish to apply for disposal of records that do not fall under an existing series, please contact your DORIS records liaison for guidance.

All records listed on the application must have met their retention period.

Calculate retention based on 12/31/PRIOR YEAR. If you are applying for disposals in 2023, calculate retention back from 12/31/2022.

<p>Examples (Using 2023 as the current year.)</p>	<p><i>Series 456123 - Case Files</i> <i>Retention period of Close + 6 years.</i> 2022 – 6 years = 2016 Records fitting the description listed for 456123 Case Files AND closed in 2016 and prior are eligible for disposal.</p> <p><i>Series 789123 - Personnel Files</i> <i>Retention period of Termination + 56 years.</i> 2022 – 56 years = 1966 Records fitting the description listed for series 789123 Personnel Files AND with a termination date of 1966 or prior are eligible for disposal.</p>
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Procedure

1. Access the current [Records Disposal Application Form](#).
2. On page 1 of the application, complete the contact information at the top of the page. Subsequent pages also require agency, date, and page information at the top of the page. Complete all of these fields.

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	REQUESTING AGENCY'S FISA NUMBER:	DATE PREPARED:
<input type="checkbox"/> ONE-TIME DISPOSAL	RECORDS MANAGEMENT OFFICER'S NAME:	
	TITLE: RMO	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:

3. On page 2 of the disposal application, list the records eligible for disposal. Use one entry line for each record series. Only record series listed on the agency's official retention schedule should be listed. Do not list informal or local names for the records. Use additional copies of this page if needed to list additional record series.

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 2 OF 2 PAGES				
FROM AGENCY: Example Agency		DATE: 3/15/2023				
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			
456123	Case Files	2003	2016	38 boxes	<input type="checkbox"/> Non-Archival <input type="checkbox"/> Transfer to MA <input type="checkbox"/> Sample/Archival Review	
789123	Personnel Files	1960	1966	7 boxes	<input checked="" type="checkbox"/> Non-Archival <input type="checkbox"/> Transfer to MA <input type="checkbox"/> Sample/Archival Review <input type="checkbox"/> Non-Archival <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:	

Revised 01/11/2019

4. Obtain signatures for “Agency Representative” on the first page and “Agency Head Signature” on subsequent pages. The designated Senior Level Executive (SLE) for the agency may sign as a representative of the agency head.
5. Scan and transmit the completed disposal application to DORIS at the disposals@records.nyc.gov email address.

If you have questions about the disposal application procedure outlined above, or any other records matters, contact your records liaison directly, or the general Records Management mailbox at DORISmrmmd@records.nyc.gov.