

### APPLICATION FOR AUTOMATIC DELETION OF RECORDS

|                                                                         |                    |              |
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| <b>To:</b> Commissioner, Department of Records and Information Services |                    |              |
| <b>From Agency:</b>                                                     | <b>Agency Code</b> | <b>Date:</b> |
| <b>Primary Contact:</b>                                                 | <b>Title:</b>      |              |
| <b>Email:</b>                                                           | <b>Phone</b>       |              |

### DESCRIPTION OF RECORDS SUBJECT TO AUTOMATIC DELETION

|                                                                                                                              |                    |                           |
|------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|
| <b>Record Series Title</b>                                                                                                   | <b>Series Code</b> | <b>Records Start Date</b> |
| <b>Origin</b>                                                                                                                |                    |                           |
| <b>Additional information about origin, including name of system or description of procedure that generates the records.</b> |                    |                           |
| <b>Name and Location of Data storage locations for the records subject to automatic deletion</b>                             |                    |                           |
| <b>Business function of the records subject to automatic deletion.</b>                                                       |                    |                           |
| <b>Justification for automatic deletion</b>                                                                                  |                    |                           |
| <b>Additional information about the justification for automatic deletion.</b>                                                |                    |                           |

**AUTOMATIC DELETION PROCESS**

|                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Frequency of automatic deletion</b>                                                                                                                     |  |
| <b>Additional information about frequency of automatic deletion</b>                                                                                        |  |
| <b>Trigger for automatic deletion</b>                                                                                                                      |  |
| <b>Proposed date to begin automatic deletion</b>                                                                                                           |  |
| <b>Preservation procedures for records on litigation hold, including the name of the business unit responsible for identifying and preserving records.</b> |  |

| <b>To Be Completed by the Head of the Requesting Agency</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>Agency Head Signature (or Designee)</b>                                                                                                                                                                            | <b>Date</b> |
| <b>Printed Name and Title</b>                                                                                                                                                                                         |             |

| Review by Municipal Archivist           |                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Recommendation for Approval</b>      | <p>The records described above are Non-Archival</p> <p>The records described above are Archival, the requesting agency has agreed to transfer an exact copy of all such records (or a requested sample) to the Municipal Archives prior to automatic deletion on the agency's data systems, and a process for preservation has been documented (attach documentation).</p> |
| <b>Recommendation for Denial</b>        | The described records are Archival, and no process has been established to ensure their proper preservation.                                                                                                                                                                                                                                                               |
| <b>Signature of Municipal Archivist</b> | <b>Date</b>                                                                                                                                                                                                                                                                                                                                                                |

| To Be Completed by the Corporation Counsel                                                                               |                                   |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>I APPROVE THE AUTOMATIC DELETION OF RECORDS PURSUANT TO THE PROCESS AND CONDITIONS DESCRIBED ON THIS APPLICATION.</b> |                                   |
| <b>Signature</b>                                                                                                         | <b>Date</b>                       |
| <b>Printed Name</b><br>Eric Eichenholtz                                                                                  | <b>Title</b><br>Managing Attorney |
| <b>Email</b><br><a href="mailto:eeichenh@law.nyc.gov">eeichenh@law.nyc.gov</a>                                           | <b>Phone</b><br>212-356-2200      |

| To Be Completed by the Department of Records and Information Services                                                                                                                                                                                                                                                                                                                                                             |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| The records identified in this application are properly identified and will be eligible for automatic disposal in the manner described after the approval of this application. This approval requires that 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</b>                  |
| <b>Printed Name</b><br>Shawnta Smith-Cruz                                                                                                                                                                                                                                                                                                                                                                                         | <b>Title</b><br>Commissioner |
| <b>Email</b><br><a href="mailto:ssmithcruz@records.nyc.gov">ssmithcruz@records.nyc.gov</a>                                                                                                                                                                                                                                                                                                                                        | <b>Phone</b><br>212-788-8607 |