

**CITY OF OREGON CITY
RECORDS MANAGEMENT PROGRAM**

AUTHORIZATION FOR DESTRUCTION OF RECORDS

DEPARTMENT: _____

Date: _____

| O.A.R. # 166-200- | RECORD SERIES / DESCRIPTION | # of BOXES | START Through END DATES | S/R? |
|-------------------|-----------------------------|---------------|----------------------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

S = Shred R = Recycle

Requested by _____ Date: _____

Approved by: _____ City Recorder Date: _____

I hereby authorize and direct Records Management to destroy the records of this department described above:

Authorized by: _____ Date: _____
(signature)

Print name: _____ Title: City Manager

Date Destroyed: _____ By: _____