

Douglas County Board of Commissioners
Records Destruction Authorization and Certificate

Name: _____ Date: _____

Department: _____

Records Title	Date Span	Retention Period as Stated on Authorized Disposition Schedule	Volume in Cubic Feet

I hereby certify that the records to be destroyed are correctly represented, that they are eligible for destruction according to approved retention schedules, that audit requirements have been fully satisfied, and that the records are not required for any pending or imminent litigation.

Supervisor's Signature

Records Administrator's Signature (optional)

Method and Date of Destruction

Signature Attesting to Destruction