

# RECORDS DISPOSAL CERTIFICATE

**TO:** Local Records Commission  
 Margaret Cross Norton Building  
 Springfield, IL 62756  
 217-782-7075

**Directions:**

1. Fill in all blanks and columns.
2. Application item numbers must be listed in numerical order.
3. Record series titles must be listed as they appear on application.
4. Sign and send certificate to above address.
5. Retain records until approved copy is returned.
6. This form can be found online at ilsos.gov.

APPLICATION #: \_\_\_\_\_

COUNTY: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Agency Division)

ADDRESS: \_\_\_\_\_  
(Street, P.O. Box)  
 \_\_\_\_\_  
(City, ZIP)

CONTACT TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

APPLICATION ITEM NO.	RECORD SERIES TITLE	INCLUSIVE DATES (MONTH/YEAR)	VOLUME OF RECORDS (Cu. Ft. or MB/GB)
			Total Volume from all pages  Cu. Ft. _____  MB/GB _____

If any of the above records are microfilmed, I hereby certify that they have been reproduced in compliance with standards given in Sections 4000.50 and 4500.50 of the Regulations of the Local Records Commissions.

If the records are digitized, I certify that they have been reproduced in compliance with standards given in Sections 4000.70 / 4500.70 and will be maintained in compliance with standards given in Sections 4000.80 / 4500.80 of the Regulations of the Local Records Commissions.

I hereby certify that, in compliance with authorization received from the Local Records Commission, the records listed above will be disposed of on or after:

Disposal date set by the ILSOS \_\_\_\_\_ Approved by ILSOS \_\_\_\_\_

Signature of the Agency Official \_\_\_\_\_ Submission Date \_\_\_\_\_

Print Agency Official name and title on line above

Prepared by: \_\_\_\_\_

\_\_\_\_\_  
(Signature required only if records have been microfilmed or digitized.)