"EXHIBIT C"

CITY OF AGOURA HILLS

CITY OF AGOURA HILLS
DUPLICATE RECORDS DESTRUCTION REQUEST FORM

Department:	Prepared by:	Date:	
Department:	Prepared by:		Date:

Pursuant to Section 34090.7 of the Government Code of the State of California, notwithstanding the provisions of Section 34090, I certify that the records listed below and/or attached are duplicates of City records, are no longer required, and may be destroyed as specified in Resolution No. _____.

List of Duplicate Files Recommended for Destruction: *(Description or title of records as listed on file label)*	Date of Records		Citation Number:	Destruction Date:
	From:	To:		
			34090.7	

DESTRUCTION AUTHORIZATION FOR DUPLICATE RECORDS

DEPARTMENT HEAD:	CITY ATTORNEY:	CITY CLERK:
Signature	Signature	Signature
Date	Date	Date

Actual Date Duplicates Destroyed: _____