"EXHIBIT A"

CITY OF AGOURA HILLS

CITY OF AGOURA HILLS
RECORDS DESTRUCTION REQUEST FORM

Department:	Prepared by:	Date:	Agoura Hills Box No.:	York Storage Box No.:

Page No.:	Item No.:	Record Series Title and Contents *(as listed in Records Retention Schedule)* :

Listed below and/or attached is a detailed list of records for which I am requesting destruction. The list includes a description of each record sufficient for identification, including the retention schedule page no., record series title and contents, record dates, retention requirements, and destruction date. Unless otherwise directed, the method of destruction proposed is shredding. I hereby certify that the records listed below and/or attached are more than two years old and/or have been retained for the minimum retention period specified in Resolution No._____. I further certify that the records listed no longer have any administrative, legal, evidential, fiscal or research and historic value and do not affect the title to real property or liens thereon, are not court records, are not, to my knowledge, required to be kept further by a statute, are not the minutes, ordinances or resolutions of the City Council or any City board or committee, and are no longer required by the City. I request authority to destroy same pursuant to Section 34090 of the California Government Code.

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

DESTRUCTION AUTHORIZATION

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

Date City Council Approved Records for Destruction: _____ ***Actual Date Records Destroyed:*** _____