State of Rhode Island
Rhode Island State Archives & Public Records Administration

CERTIFICATION OF RECORDS DESTRUCTION

In accordance with the Authority granted by Title 38 of the Rhode Island General Laws these records have met the legal retention requirements and are eligible for destruction on date below.

Department: ABC **Date: XX/XX/XXXX**
Division/Unit: XYZ

Record Series Number	Record Series Title	Dates from/to	Volume
GRS 5.2	Phone logs	2015-2016	2 boxes
GRS 5.3	Mail logs	2016	3 boxes
GRS 5.4 (a)	Surveys/Questionnaires – Completed survey/questionnaire forms	2014-2016	4 boxes
GRS 5.10	Complaints	2014	1 box
			Total 10 boxes

Please sign this certificate and return to the RI State Archives, 337 Westminster Street, Providence RI, 02903
If faxing, please provide a return fax number.

I certify that I have reviewed the above listed records and authorize their destruction.

Department Head or Records Custodian: **Signed *prior* to submission** Date: _____
Signature

_____
Print Name & Title

State Archivist
& Public Records Administrator: _____ Date: _____

Signed and executed Certificate is a permanent record (RIGL §42-8.1-10)

Form RI/PRA 003 (Rev. 10/12) Form may be reproduced.

SAMPLE