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: Town of XYZ **Date: XX/XX/XXXX**
Division/Unit: Assessor

Record Series Number	Record Series Title	Dates from/to	Volume
LG3.1.4	Special Assessment Records	2007-2009	3 boxes
LG3.1.9(b)	Tax Books – Motor Vehicle	2007	2 boxes
LG3.4.7	Sales Abstracts Reports	2013-2015	4 boxes
LG3.4.12 (b)	Decisions – Copies of decisions of the Vehicle Value Commission	2013-2014	2 boxes
			11 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