RECORDS DISPOSITION DOCUMENT
CATEGORY A

NO.

PAGE OF PAGES

1. AGENCY NAME and ADDRESS

School or Dept.
Name:
Address:

Phone Ext: Contact:

2. AGENCY CONTACT: Holly Christmas

Government & Community Relations 2700 Judge Fran Jamieson Way Viera, FL 32940 (321) 633-1000 Ext.11453

3. NOTICE OF INTENTION: The scheduled records listed in Item 5 are to be disposed of in the manner checked below (specify only one).

☐ a. Destruction ☐ b. Microfilming/Scan and Destruction ☐ c. Other

4. SUBMITTED BY: I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements for the records have been fully justified, and that further retention is not required for any litigation pending or imminent.

Signature Name and Title Date

5. LIST OF RECORD SERIES

a. Schedule No.	b. Item No.	c. Title of Schedule Item No.	d. Retention	e. Inclusive Dates	f. Volume Cubic Ft	g. Date Disposition (DCR) Process Completed After Authorization
				Total Volume in Cubic Feet	0.00	

6. DISPOSAL AUTHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated.

Custodian/Records Management Liaison Officer Date

7. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g.

Signature Date

Name and Title

Witness