



FWSD RECORDS SHRED REQUEST FORM

SITE: _____ DEPARTMENT: _____

CONTACT NAME: _____ DATE SUBMITTED: _____

SHRED ORDER AUTHORIZED BY: (Site Administrator)

DATE

****REQUIRED SIGNATURE** _____

RECORDS MEDIUM:

____ PAPER ____ MICROFILM ____ ELECTRONIC/COMPUTER ____ ELECTRONIC IMAGE

DESCRIPTION OF MATERIAL/USE RECORD SERIES TITLE FROM AZ RECORDS RET. PRINTOUT:

INCLUSIVE DATES IN FILE: From _____ Through _____

RECORD CUTOFF: ____ After Calendar Yr ____ After Fiscal Yr ____ After Event (project completion)

VOLUME OF RECORDS: ____ Cubic Feet ____ Lineal Inches ____ File Drawers ____ Boxes

ELECTRONIC/COMPUTER MEDIA ONLY:

Operating system: _____

Application program: _____

Data Format: _____

COMMENTS: