

Ross Valley Fire Department

Records Management – Certificate of Destruction Authorization

Section 1: Records Description

Document Title / Type of Record	
Description	
Format (paper/digital)	
Dates or Date Range	
Approved Retention Period	
Proposed Disposal Method	
Notes	

Attach additional pages if necessary.

Section 2: Department Certification

By signing below, I certify that the records listed above have met or exceeded the retention requirements as defined by the Ross Valley Fire Department's Records Retention Schedule approved by the Ross Valley Fire Department Board of Directors in Resolution 25-10

Fire Chief Name: _____

Signature: _____

Date: _____

Section 3: Records Management Review (For Internal Use Only)

Reviewed By (Records Management Officer): _____

Approval Date: _____

Final Disposition:

☐ Approved for Destruction

☐ Held – Reason: _____

Section 4: Destruction Confirmation

Method of Destruction:

☐ Shredded (on-site)

☐ Secure Destruction Vendor

☐ Digital Deletion

☐ Other: _____

Destruction Completed By: _____

Date of Destruction: _____

Vendor Used (if applicable): _____

Notes or Exceptions:
