



APPROVAL FOR DESTRUCTION OF RECORDS

The attached inventory list(s) is a summary of the records to be destroyed by secure shredding. These records have met all of the operational, legislative and corporate requirements set forth in the retention guidelines approved by Pembina Hills Regional Division No. 7.

To my knowledge, there is no outstanding litigation involving any of the records listed.

Records Management

Date

FOIP Coordinator/Secretary Treasurer

Date

RECORDS DESTRUCTION / PICK UP CONFIRMATION

Signing of this form indicates that _____ confirms the transportation of _____ boxes to their records destruction facility on this day:
_____.

Records Management

Driver Signature

CONFIRMATION OF DESTRUCTION

I certify that the records on the attached list(s) have been destroyed in accordance with Pembina Hills Regional Division No. 7 retention guidelines.

Records Management

Date

FOIP Coordinator/Secretary Treasurer

Date