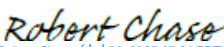


**COUNTY OF SONOMA**  
**REQUEST FOR APPROVAL OF RECORDS RETENTION SCHEDULE**

|                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------|
| <b>The Board of Supervisors is requested to approve the attached records retention schedule(s); approval constitutes continuing authority for the proper disposal of the records listed.</b>                                                                                                                                                                  |                                                                  |                        |
| DEPARTMENT:<br>Agricultural Preservation and Open Space District                                                                                                                                                                                                                                                                                              | DIVISION:<br>Common Accounting and Administrative Records (CAAR) |                        |
| SECTION:<br>All                                                                                                                                                                                                                                                                                                                                               | SCHEDULE NO:<br>9                                                |                        |
| <b>1. COUNTY RECORDS MANAGEMENT REVIEW</b>                                                                                                                                                                                                                                                                                                                    |                                                                  |                        |
| The Records Manager of the County of Sonoma has reviewed the attached schedule(s) for compliance with countywide standards and policies and conformance with accepted records management practices.                                                                                                                                                           |                                                                  |                        |
| SIGNATURE                                                                                                                                                                                                                                                                    | TITLE   Records Manager                                          | DATE <b>07/16/2025</b> |
| PRINT/TYPED NAME   Jonathan Kajeckas                                                                                                                                                                                                                                                                                                                          |                                                                  |                        |
| <b>2. DEPARTMENTAL REVIEW</b>                                                                                                                                                                                                                                                                                                                                 |                                                                  |                        |
| I have reviewed the attached records retention schedule(s) which has/have been prepared after careful examination of all records with regard to operating, administrative, legal, fiscal, or historical value, as well as to application of appropriate county, state and federal rules, ordinances, regulations and/or statutes governing records retention. |                                                                  |                        |
| DEPARTMENT HEAD SIGNATURE <br><small>Misti Arias (Jul 16, 2025 15:26 PDT)</small>                                                                                                                                                                                            | TITLE   General Manager                                          | DATE <b>07/16/2025</b> |
| PRINT/TYPED NAME   Misti Arias                                                                                                                                                                                                                                                                                                                                |                                                                  |                        |
| <b>3. COUNTY COUNSEL REVIEW</b>                                                                                                                                                                                                                                                                                                                               |                                                                  |                        |
| As County Counsel, I have reviewed the retention periods assigned to records on the attached schedule(s). hereby certify that I am the lawful head, or that I am authorized to act for the head, of the Office of County Counsel in matters pertaining to records disposal.                                                                                   |                                                                  |                        |
| SIGNATURE                                                                                                                                                                                                                                                                  | TITLE   County Counsel                                           | DATE <b>07/16/2025</b> |
| PRINT/TYPED NAME   Robert Pittman                                                                                                                                                                                                                                                                                                                             |                                                                  |                        |
| <b>4. AUDITOR-CONTROLLER/TREASURER-TAX COLLECTOR REVIEW</b>                                                                                                                                                                                                                                                                                                   |                                                                  |                        |
| As County Auditor-Controller/Treasurer-Tax Collector, I have reviewed the retention periods assigned to records on the attached schedule(s) to determine their conformance with audit requirements.                                                                                                                                                           |                                                                  |                        |
| SIGNATURE                                                                                                                                                                                                                                                                  | TITLE   Auditor-Controller-Treasurer-Tax-Collector               | DATE <b>07/21/2025</b> |
| PRINT/TYPED NAME   Erick Roeser                                                                                                                                                                                                                                                                                                                               |                                                                  |                        |
| <b>5. ARCHIVAL REVIEW</b>                                                                                                                                                                                                                                                                                                                                     |                                                                  |                        |
| As Chairperson of the Sonoma County Historical Records Commission, I have reviewed the schedule(s) and have identified those items, which, in my judgment, have archival, historical or research value.                                                                                                                                                       |                                                                  |                        |
| SIGNATURE <br><small>Robert Chase (Jul 20, 2025 07:24 PDT)</small>                                                                                                                                                                                                         | TITLE   Chair, Sonoma County Historical Records Commission       | DATE <b>07/20/2025</b> |
| PRINT/TYPED NAME   Robert Chase                                                                                                                                                                                                                                                                                                                               |                                                                  |                        |
| <b>6. BOARD OF SUPERVISORS APPROVAL</b>                                                                                                                                                                                                                                                                                                                       |                                                                  |                        |
| <b>THE ATTACHED RECORDS RETENTION SCHEDULE(S) IS/ARE APPROVED PER</b>                                                                                                                                                                                                                                                                                         |                                                                  |                        |
| RESOLUTION NUMBER: _____ DATE: _____                                                                                                                                                                                                                                                                                                                          |                                                                  |                        |

# County of Sonoma Request For Approval of Common Accounting and Administrative (CAAR)Records Retention Schedule

Final Audit Report

2025-07-21

|                 |                                                        |
|-----------------|--------------------------------------------------------|
| Created:        | 2025-07-16                                             |
| By:             | Jonathan Kajeckas (Jonathan.Kajeckas@sonomacounty.gov) |
| Status:         | Signed                                                 |
| Transaction ID: | CBJCHBCAABAAguWL4ln0qKGQ96uOqQZUtLJA8-4GDUiy           |

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 Signer misti.arias@sonoma-county.org entered name at signing as Misti Arias

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 Document e-signed by Misti Arias (misti.arias@sonoma-county.org)

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2025-07-17 - 1:13:24 AM GMT- IP address: 66.249.84.103

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 Signer chaserobert@gmail.com entered name at signing as Robert Chase

2025-07-20 - 2:24:31 PM GMT- IP address: 73.70.70.195



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Email viewed by Erick Roeser (Erick.Roeser@sonomacounty.gov)

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Document e-signed by Erick Roeser (Erick.Roeser@sonomacounty.gov)

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Agreement completed.

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