

COUNTY OF SONOMA
REQUEST FOR APPROVAL OF RECORDS RETENTION SCHEDULE

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.

DEPARTMENT:
County Administrator's Office

DIVISION:

SECTION:

SCHEDULE NO:

3

1. COUNTY RECORDS MANAGEMENT REVIEW

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 mgr

DATE

11/10/2019

PRINT/TYPE NAME Carolyn Staats

DEBORAH LANDLEY

2. DEPARTMENTAL REVIEW

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

TITLE

CAO

DATE

11/10/19

PRINT/TYPE NAME

SHERYL BRATTON

DIVISION HEAD SIGNATURE

TITLE

DATE

PRINT/TYPE NAME

3. COUNTY COUNSEL REVIEW

As County Counsel, I have reviewed the retention periods assigned to records on the attached schedule(s). I 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

Deputy County Counsel

DATE

11/30/18

PRINT/TYPE NAME

Linda Schlitzgen

4. AUDITOR-CONTROLLER/TREASURER-TAX COLLECTOR REVIEW

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/
Treas.-Tax Collector

DATE

12/14/18

PRINT/TYPE NAME

5. ARCHIVAL REVIEW

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

TITLE

Chair

DATE

10/9/18

PRINT/TYPE NAME

Katherine J. Rinehart

6. BOARD OF SUPERVISORS APPROVAL

THE ATTACHED RECORDS RETENTION SCHEDULE(S) IS/ARE APPROVED PER

RESOLUTION NUMBER: _____

DATE: _____