| | d to approve the attached records retention schedule(s); approvance proper disposal of the records listed. |
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| DEPARTMENT: | DIVISION: |
| Department of Child Support Services | |
| SECTION: | SCHEDULE NO: |
| | 2 |
| 1. COUNTY RECORDS MANAGEMENT | REVIEW |
| | Sonoma has reviewed the attached schedule(s) for compliance with conformance with accepted records management practices. |
| SIGNATURE DOrd Durf | TITLE RECORDS + DATE 10/16/19 UNDORMATUM May |
| PRINT/TYPE NAME Deborah Lindley |) upportion May |
| 2. DEPARTMENTAL REVIEW | 0 |
| of all records with regard to operating, ad appropriate county, state and federal rule | tention schedule(s) which has/have been prepared after careful examin dministrative, legal, fiscal, or historical value, as well as to application of es, ordinances, regulations and/or statutes governing records retention W. M. TILE Director DATE 8/29/1 |
| PRINT/TYPE NAME Jennifer Trauman | ۴ |
| DIVISION HEAD SIGNATURE | TITLE DATE |
| PRINT/TYPE NAME | |
| 3. COUNTY COUNSEL REVIEW | |
| | retention periods assigned to records on the attached schedule(s). I |
| | or that I am authorized to act for the head, of the Office of County Cou |
| hereby certify that I am the lawful head, c in matters pertaining to records disposal. | or that I am authorized to act for the head, of the Office of County Country Country Title Deputy DATE 8/7/19 |
| hereby certify that I am the lawful head, c in matters pertaining to records disposal. SIGNATURE PRINTARYPE NAME 4. AUDITOR-CONTROLLER/TREASURE As County Auditor-Controller/Treasurer- | or that I am authorized to act for the head, of the Office of County Country Country Title Deputy DATE 8/7/19 |
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| Human Services Department SECTION: 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 mme ReUVMS + DATE 10/D/1/9 PREVITYOR MARE Debudy Inter ReUVMS + DATE 10/D/1/9 I have reviewed the attached records retention schedule(s) which has/have been prepared after careful examina of all records with regard to opporting 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 Mare 1/6 1/41 Departerviewed meastigation of appropriate county | DEPARTMENT: | DIVISION: | |
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| The Board of Supervisors is requested constitutes continuing authority for the | | ion schedule(s); approval |
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| DEPARTMENT: | DIVISION: | |
| Information Systems Department | | |
| SECTION: | SCHEDULE NO: | |
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| 1. COUNTY RECORDS MANAGEMENT RE | EVIEW | |
| The Records Manager of the County of So countywide standards and policies and cor | | |
| SIGNATURE Dellow MA | Conformation | date 10/15/201 |
| PRINT/TYPE NAME Deborah Lindley | - Chtormation | Mgr |
| 2. DEPARTMENTAL REVIEW | | |
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| 3. COUNTY COUNSEL REVIEW As County Counsel, I have reviewed the re hereby certify that I am the lawful head, or | | |
| 3. COUNTY COUNSEL REVIEW As County Counsel, I have reviewed the re | | |
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| 3. COUNTY COUNSEL REVIEW As County Counsel, I have reviewed the rehereby certify that I am the lawful head, or in matters pertaining to records disposal. SIGNATURE PRINT/TYPE NAME AUDITOR-CONTROLLER/TREASURER As County Auditor-Controller/Treasurer-Taon the attached schedule(s) to determine SIGNATURE SIGNATURE BIGNATURE Controller/Treasurer-Taon the attached schedule(s) to determine SIGNATURE Controller/Treasurer-Taon the attached schedule(s) to determine | TITLE Deputy Court TITLE Deputy Court Construction R-TAX COLLECTOR REVIEW Tax Collector, I have reviewed the retention their conformance with audit requirement TITLE ACTTC storical Records Commission, I have revie | of the Office of County Counse DATE 5 - 2.8 - 2.8 - 2.1 In periods assigned to records s. DATE 6/18/19 wed the schedule(s) and have |
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| COUNTY COUNSEL REVIEW As County Counsel, I have reviewed the rehereby certify that I am the lawful head, or in matters pertaining to records disposal. SIGNATURE PRINT/TYPE NAME AUDITOR-CONTROLLER/TREASURER As County Auditor-Controller/Treasurer-Taon the attached schedule(s) to determine SIGNATURE PRINT/TYPE NAME SIGNATURE BOARD OF SUPERVISORS APPRCO | TITLE Deputy Output TITLE Deputy Output CDS Construction Construction Construction TITLE ACTTC Storical Records Commission, I have revie Construction Construction Construction Constrelia Construction < | of the Office of County Counse DATE 5 - 2.8 - 2.1 $DATE 6/18/19$ $Med the schedule(s) and have alue. DATE 6/2119 VED PER$ |

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| | equested to approve the attached records retention schedule(s); approval ty for the proper disposal of the records listed. |
|--|--|
| DEPARTMENT: | DIVISION: |
| Sheriff's Office | All |
| SECTION: | SCHEDULE NO: |
| | 6 |
| 1. COUNTY RECORDS MANAGE | |
| | unty of Sonoma has reviewed the attached schedule(s) for compliance with es and conformance with accepted records management practices. |
| SIGNATURE DUM | K Records and Date 8/2/19 |
| PRINT/TYPE NAME | information manager |
| 2. DEPARTMENTAL REVIEW | |
| of all records with regard to opera | ords retention schedule(s) which has/have been prepared after careful examinat ating, administrative, legal, fiscal, or historical value, as well as to application of leral rules, ordinances, regulations and/or statutes governing records retention. |
| DEPARTMENT HEAD SIGNATURE | - TITLE Mark Essich DATE 7/31/19 - Coroner |
| PRINT/TYPE NAME Sheriff- | - Coroner |
| DIVISION HEAD SIGNATURE | TITLE DATE |
| PRINT/TYPE NAME | |
| 3. COUNTY COUNSEL REVIEW | |
| in matters pertaining to records d | et TITLE Deputy County DATE 4/30/2019 |
| () () () () () () () () () () | gisser Counsel |
| 4. AUDITOR-CONTROLLER/TRE | ASURER-TAX COLLECTOR REVIEW |
| As County Auditor-Controller/Tra on the attached schedule(s) to d | easurer-Tax Collector, I have reviewed the retention periods assigned to records determine their conformance with audit requirements. |
| PRINT/TYPE NAME | TITLE ACTTC DATE 626/19 |
| 5. ARCHIVAL REVIEW | |
| | County Historical Records Commission, I have reviewed the schedule(s) and hav ny odgment, have archival, historical or research value. |
| SIGNATURE CALLOSTO | Kindlat TITLE Chair DATE 7/10/19 |
| 6. BOARD OF SUPERVISORS | Ś APPROVAL |
| THE ATTACHED RECOR | DS RETENTION SCHEDULE(S) IS/ARE APPROVED PER |
| RESC | DLUTION NUMBER: |
| | DATE: |
| | |

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| 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: | DIVISION: | | |
| Transportation & Public Works | | | |
| SECTION: | SCHEDULE NO: | | |
| | 3 | | |
| 1. COUNTY RECORDS MANAGEMENT REV | /IEW | | |
| | oma has reviewed the attached schedule(s) for compliance with ormance with accepted records management practices. | | |
| SIGNATURE WW | TITLE RECORDS and DATE 8/14/19 | | |
| PRINT/TYPE NAME Carolyn Staats | information manager | | |
| 2. DEPARTMENTAL REVIEW | | | |
| of all records with regard to operating, admin | on schedule(s) which has/have been prepared after careful examination nistrative, legal, fiscal, or historical value, as well as to application of ordinances, regulations and/or statutes governing records retention. | | |
| | 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 Jeremy Fons | TITLE Deputy County CounselDate 4/15/19 | | |
| 4. AUDITOR-CONTROLLER/TREASURER-T | AX 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. | | | |
| SKONATURE Cened Com | TITLE ACTIC DATE 5/30/19 | | |
| 5. ARCHIVAL REVIEW | | | |
| As Chairperson of the Sonoma County Histor identified those items, which, in my judgment | rical Records Commission, I have reviewed the schedule(s) and have t, have archival, historical or research value. | | |
| SIGNATURE KALLSING KINGAL PRINT/TYPE NAME KALLSING J | A TITLE Chair Person DATE 8/14/18 Rinchart | | |
| 6. BOARD OF SUPERVISORS APPROV | /AL | | |
| THE ATTACHED RECORDS RETENTION SCHEDULE(S) IS/ARE APPROVED PER | | | |
| RESOLUTION NUMBER: | | | |
| | DATE: | | |
| | | | |