

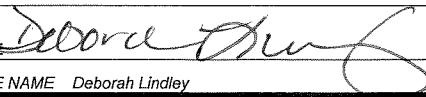
COUNTY OF SONOMA
REQUEST FOR APPROVAL OF RECORDS RETENTION SCHEDULE

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: Department of Child Support Services	DIVISION:
SECTION:	SCHEDULE NO: 2

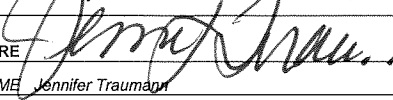
1. COUNTY RECORDS MANAGEMENT REVIEW

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 + Information Mgr	DATE 10/16/19
PRINT/TYPE NAME Deborah Lindley		


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 Director	DATE 8/29/19
PRINT/TYPE NAME Jennifer Traumann		
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	DATE 8/7/19
PRINT/TYPE NAME		

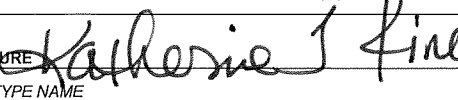
4. AUDITOR-CONTROLLER/TREASURER-TAX COLLECTOR REVIEW

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 ACTEC	DATE 8/21/19
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 7/16/19
PRINT/TYPE NAME		

6. BOARD OF SUPERVISORS APPROVAL

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

RESOLUTION NUMBER: _____

DATE: _____

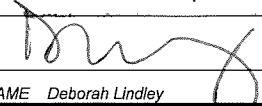
COUNTY OF SONOMA
REQUEST FOR APPROVAL OF RECORDS RETENTION SCHEDULE

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: Human Services Department	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 <i>Records + Information Manager</i>	DATE <i>10/21/19</i>
PRINT/TYPE NAME <i>Deborah Lindley</i>		

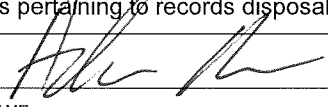
2. DEPARTMENTAL REVIEW

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 <i>Director</i>	DATE <i>9/6/19</i>
PRINT/TYPE NAME <i>Karen Fies</i>		
DIVISION HEAD SIGNATURE	TITLE	DATE
PRINT/TYPE NAME		

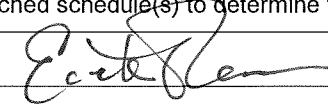
3. COUNTY COUNSEL REVIEW

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 <i>Deputy</i>	DATE <i>8/7/19</i>
PRINT/TYPE NAME		

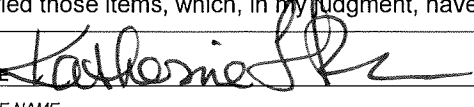
4. AUDITOR-CONTROLLER/TREASURER-TAX COLLECTOR REVIEW

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 <i>ACTTC</i>	DATE <i>8/21/19</i>
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 <i>Chair</i>	DATE <i>7/16/19</i>
PRINT/TYPE NAME		

6. BOARD OF SUPERVISORS APPROVAL

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

RESOLUTION NUMBER: _____

DATE: _____

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: Information Systems Department	DIVISION:
SECTION:	SCHEDULE NO: 3

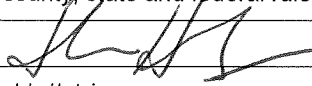
1. COUNTY RECORDS MANAGEMENT REVIEW

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 <u>Records Information mgr</u>	DATE <u>10/15/2019</u>
PRINT/TYPE NAME <u>Deborah Lindley</u>		

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 <u>DIRECTOR</u>	DATE <u>10/15/2019</u>
PRINT/TYPE NAME <u>John Hartwig</u>		
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 <u>Deputy County Counsel</u>	DATE <u>5-28-19</u>
PRINT/TYPE NAME <u>Tamera Cullins</u>		

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 <u>ACTTC</u>	DATE <u>6/18/19</u>
PRINT/TYPE NAME <u>Erick Roeser</u>		

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 <u>Chair</u>	DATE <u>5/21/19</u>
PRINT/TYPE NAME		

6. BOARD OF SUPERVISORS APPROVAL

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

RESOLUTION NUMBER: _____

DATE: _____

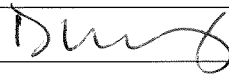
COUNTY OF SONOMA
REQUEST FOR APPROVAL OF RECORDS RETENTION SCHEDULE

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: Sheriff's Office	DIVISION: All
SECTION:	SCHEDULE NO: 6

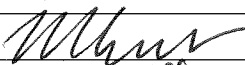
1. COUNTY RECORDS MANAGEMENT REVIEW

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 <u>Records and Information Manager</u>	DATE <u>8/2/19</u>
PRINT/TYPE NAME		

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 <u>Mark Essick</u>	DATE <u>7/31/19</u>
PRINT/TYPE NAME <u>Sheriff-Coroner</u>		
DIVISION HEAD SIGNATURE	TITLE	DATE
PRINT/TYPE NAME		

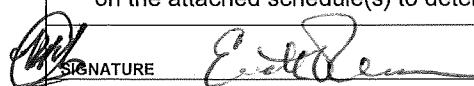
3. COUNTY COUNSEL REVIEW

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 <u>Deputy County Counsel</u>	DATE <u>4/30/2019</u>
PRINT/TYPE NAME <u>Petra Bruggisser</u>		

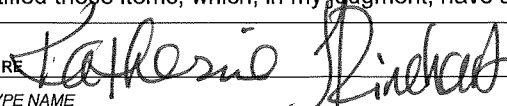
4. AUDITOR-CONTROLLER/TREASURER-TAX COLLECTOR REVIEW

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 <u>ACTTC</u>	DATE <u>6/26/19</u>
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 <u>Chair</u>	DATE <u>7/16/19</u>
PRINT/TYPE NAME		

6. BOARD OF SUPERVISORS APPROVAL

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

RESOLUTION NUMBER: _____

DATE: _____

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:
Transportation & Public Works

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

Carolyn Staats

TITLE

Records and
information manager

DATE

8/14/19

PRINT/TYPE NAME Carolyn Staats

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

Johannes J. Hovertsz

TITLE

Director

DATE

8/14/19

PRINT/TYPE NAME

Johannes J. Hovertsz

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

Jeremy Fonseca

TITLE

Deputy County Counsel

DATE

4/15/19

PRINT/TYPE NAME

Jeremy Fonseca

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

Erica Ren

TITLE

ACTTC

DATE

5/30/19

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

Katherine J. Rinehart

TITLE

Chair Person

DATE

8/14/18

PRINT/TYPE NAME

Katherine J. Rinehart

6. BOARD OF SUPERVISORS APPROVAL

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

RESOLUTION NUMBER: _____

DATE: _____