Instructions: Please type or print. This request must be submitted prior to the disposition of any public records. State

1. Requesting Agency Name (Name, Address, and Telephone No.)

Mount Arlington Police Department

GOLDENROD - Auditor

FOR RECORDS DISPOSAL must also complete Return intact form Department of S Management (DARI			ems 15.A and 15.B, it all four parts) to: It te, Division of A	14., county and municipal f fiscal records are listed. DISPOSAL REQUESTS, Archives and Records	520 Altenbrand Ave, Mount Arlington NJ 07856 973-398-2100 1.A Agency Retention Schedule Number					
**	1	Trenton, N.J. 08625.	For questions or as	sistance, call (609) 530- ope for expedited service.	1.A Agency Rete	ntion Schedule	2010-003			
2. Request Date	3. Requested E	y (Signature) 4. Request Approved By (Custodi			of Public Records 5. Records Manager (Signature)					
8/11/2010	1	1210	Signature)	a all	- Allendes					
6. Archival Review (Signature)		7. Premature R	ecords Disposa		8. Comments					
	MicrofilmYesNo	Digital ImageYes _x_No	Yes							
have exceeded their respe	Authorization is hereby requested for the disposal of the following public records in accordance with New Jersey P.L. 1953, c. 410 as amended. It is further certified that the record series listed herein have exceeded their respective retention periods and are not involved in any action, such as a pending OPRA request, litigation, or anticipated litigation as per the Federal Rules of Civil Procedure, December 2006; and are not required for a present or a future audit. NOTE: Items 9., 10., and 11. must be completed as they appear on an approved records retention schedule.									
9. Record Series Number	10. Record Ser	ies Title	11. Retention Period	12. Inclusiv	ve Dates	13. Dispose After	14. Volume (Cubic Feet)			
0097-0000	WKly Jail In	sp Report	2yrs	01/2007	12/2007	9/1/10	1'			
0030-0000	Financial Lo	g Oper. Budget	6yrs	01/1995	12/2003	9/1/10	2 *			
0012-0000		ts/Daily Assig	n. 3yrs	01/1999	12/2005	9/1/10	2 1			
	Sheets									
							g V and Z			
						-				
For DARM Use Only	- 111						TetelMel			
				fre			Total Volume			
15. Audit Ver		and the second s	DARM Authoriz			17. Dispo	sition			
15.A Auditor's Signature 16.A Authorization Date				ShredRecycle Transfer to Archive		Transfer to Archives				
15.B Date 16.C Director's Signerords Management 16.C Management 16.C Director's Signerords Management 16.C D			nature, Division of		17.A Verification S	17.B Date				

PINK - Requesting Agency

YELLOW - DARM Follow up

WHITE - DARM

55 Boxes Total

25 Ready)

REQUEST	AND AUT	HORIZA	TION
FOR RE	CORDS	DISPOSA	L

Instructions: Please type or print. This request must be submitted prior to the disposition of any public records. State agencies must complete items 1. through 14., county and municipal must also complete items 15.A and 15.B, if fiscal records are listed. Return intact form (all four parts) to: DISPOSAL REQUESTS, Department of State, Division of Archives and Records Management (DARM), 2300 Stuyvesant Avenue. P.O. Box 307, Trenton, N.J. 08625. For questions or assistance, call (609) 530-3208. Please include self addressed envelope for expedited service.

1. Requesting Agency Name (Name, Address, and Telephone No.)
Mount Arlington Police Department
520 Altenbrand Ave, Mount Arlington NJ 07856
973-398-2100

	*			Archives and Records						
	1	Trenton, N.J. 08625.	For questions or as	Avenue. P.O. Box 307, sistance, call (609) 530-ope for expedited service.	1.A Agency Rete	ention Schedule	Number 2010-002			
2. Request Date	3. Requested E			proved By (Custodian	of Public Records 5. Records Manager (Signature)					
8/11/2010	ALLES		Signature)	Delal		1 Cles				
6. Archival Review (Signature)			lecords Disposa		8. Comments					
	Microfilm Yes XNo	Digital Image Yes X No	Damaged Re Yes	cords Certificate X No						
Authorization is hereby requested for the disposal of the following public records in accordance with New Jersey P.L. 1953, c. 410 as amended. It is further certified that the record series listed herein have exceeded their respective retention periods and are not involved in any action, such as a pending OPRA request, litigation, or anticipated litigation as per the Federal Rules of Civil Procedure, December 2006; and are not required for a present or a future audit. NOTE: Items 9., 10., and 11. must be completed as they appear on an approved records retention schedule.										
9. Record Series	10. Record Ser	ies Title	11. Retention	12. Inclusiv		13. Dispose	14. Volume			
Number			Period	From (MM/YYYY)	To (MM/YYYY)	After	(Cubic Feet)			
0067-0000	Radar log she	et	2yrs	01/1996	12/2007	9/1/10	2*			
0050-0000	Motor vehicle	abstrats log	upon disp.	01/1997	12/2008	9/1/10	1 *			
			of case			7				
0055-0000	Overtime re	eports	6yrs	01/1996	12/2003	9/1/10	1'			
0061-0002	Police applic	cations(rejecte	d) 3yrs	01/1995	12/2006	9/1/10	1,			
0082-0000	Summonses ((copy)	Odays after	01/1997	12/2008	9/1/10	4 *			
			disposition							
0008-0000 -	towed vehicle	e log	lyrafter	01/2000	12/2008	9/1/10	1'			
	1	1	inal entry							
	vacant/unocci	ipied house u	ipon reoccupa	ncy 01/2005	12/2009	9/1/10	1'			
For DARM Use Only	-68						Total Volume			
2	7			Al-			11'			
15. Audit Veri		16.	DARM Authoriz	ation		17. Dispo	sition			
15.A Auditor's Signatu	ire	16.A Authorization	16.B Author	rization Number	Church	Dearrels	Transfer to Aughtine			
Date		Date			Shred	Recycle	Transfer to Archives			
71/1		9-28-1	10 70	6-825	Other					
15.B Date 1231/09		16.C Director's Sig Records Manag		Archives and	17.A Verification S	17.B Date				

Instructions: Please type or print. This request must be 1. Requesting Agency Name (Name, Address, and Telephone No.) submitted prior to the disposition of any public records. State Mount Arlington Police Department agencies must complete items 1. through 14., county and municipal REQUEST AND AUTHORIZATION must also complete items 15.A and 15.B, if fiscal records are listed. 520 Altenbrand Ave, Mount Arlington NJ 07856 Return intact form (all four parts) to: DISPOSAL REQUESTS, FOR RECORDS DISPOSAL 973-398-2100 Department of State, Division of Archives and Records Management (DARM), 2300 Stuyvesant Avenue. P.O. Box 307, 1.A Agency Retention Schedule Number 2010-001 Trenton, N.J. 08625. For questions or assistance, call (609) 530-3208. Please include self addressed envelope for expedited service. 5. Records Manager (Signature) 3. Requested By (Signature) 4. Request Approved By (Custodian of Public Records 2. Request Date Signature) 8/11/2010 7. Premature Records Disposal 8. Comments 6. Archival Review (Signature) Microfilm Digital Image **Damaged Records Certificate** ___Yes _x No have exceeded their respective retention periods and are not involved in any action, such as a pending OPRA request, litigation, or anticipated litigation as per the Federal Rules of Civil Procedure, December 2006; and are not required for a present or a future audit. NOTE: Items 9., 10., and 11. must be completed as they appear on an approved records retention schedule. 10. Record Series Title 11. Retention 12. Inclusive Dates 14. Volume 9. Record Series 13. Dispose Number (Cubic Feet) Period From (MM/YYYY) | To (MM/YYYY) After ally Activity/Vehicle Logs 12/2005 0021-0000 3yrs 01/1995 9/1/10 Hawdicapped Parking Permits 0035-0000 lyr 01/2005 01/2009 9/1/10 01/1996 0036-0003 Non-criminal, excl drunk drive 2yrs 12/2005 9/1/10 16" 0036-0002 Criminal excl Homicide, 7yrs from date 01/1991 12/2002 9/1/10 101 missing persons, stolen weapons no arrest 0053-0001 Reportable and non-reportable 41 3 yrs 01/1996 12/2005 9/1/10 accident reports unless in litigation Iniform Crime Report (UCR) 0092-0000 3yrs 12/2006 9/1/10 01/2002 Money log book 0047-0000 6yrs after 01/1978 12/2003 9/1/10 final entry For DARM Use Only **Total Volume** 15. Audit Verification 16. DARM Authorization 17. Disposition 15.A Auditor's Signature 16.A Authorization 16.B Authorization Number Date Shred Recycle Transfer to Archives 76-825 Other 15.B Date 16.C Director's Signature, Division of Archives and 17.B Date 17.A Verification Signature Records Management

WHITE - DARM

YELLOW - DARM Follow up

PINK - Requesting Agency

GOLDENROD - Auditor

55 EOXPS 10101

36 Boxes

R	EQ	UE	ES	T	AN	D	AU	TH	10	RIZ	AT	10	N
	F	OF	R	F	CO	R	DS	DIS	SP	OS	AL		

INSTRUCTIONS: Please type or print. This request must be submitted prior to the disposition of any public records. State agencies must complete items 1 through 9, county and municipal agencies must also complete items 10. A and 10. B, if fiscal records are listed. Return intact form (all four parts) to: DISPOSAL REQUESTS, Department of State, Division of Archives and Records Management, 2300 Stuyvesant Avenue, P.O. Box 307, Trenton, N.J. 08625. For questions or assistance, call (609) 530-3200.

1. REQUESTING AGENCY NAME (Name, Address, Telephone No.)

1 Borough of67Mt. Arlington 419 Howard Blvd.

Mr. Arlington, NJ 07856 == 973-398-

2. REQUEST DATE 8/19/10	3. REQUESTED BY (Signature and Title) Levy Amith	- Tressurer	/	4. REQUES	ST APPROVED BY (S	Signature and Title)	1	6832	
Authorization is he periods and are no	ereby requested for the disposal of the following public record of involved in litigation and are not required for a present or fu	ds in accordance with New Jersey P.L. 19 uture audit. NOTE: Items 5, 6, and 8 mus	53, c. 410 a st be compl	s amended. It is f	urther certified that ar on an approved	t the record series listed herein records retention schedule.	n have exceeded	their respective retention	
5. SERIES NUMBER	6. RECORD SE	RIES TITLE		7. INCLUSIV	To (Mo/Yr)	8. RETENTION P	PERIOD	9. VOLUME (Cubic Feet)	
200-0008	BUDGET WORKPAPER	3		1-03	12-03	6 ms	_	1	
0002-0006	BANK STATEMEN.	T		1-03	12.03	6 11		1	
304-000R	FILE FILE			11-04	12-04	6 4		/	
304.0001	PO FILE	*		5-04	7-04	6 "		1	
1004-0001	CHECK FILE - CHE	2KS		1-03	12.03	6 4		- /-	
304-0001	PO FILE			1-02	12-02	6 (/	
2002 - 0000	BANK STATEMENTS	Ś		1-01	12-01	6 4		1	
5002-0000	BANK STATEMENT	3	7	1-02	12.02	6 4		. /	
002-6006	BANK STATEMENT.	3	>			6 "		1	
0004-000K	DCHECK FILE- CHE	cks		1-04	12-04	611			
005-0000	DEPOSIT SLIPS			1-04	12.04	6 "		1	
				PARTIE CONTRACTOR					
FOR DIVISION	USE ONLY:	DESTROY AFT	TEK	12-31-	10 7/		TOTAL VOLUME	10	
10.	AUDIT VERIFICATION	11. AUTHO	PIZA"	TION		12.	DISPOSIT	TION	
10. A AUDITOR'S SIG	INATURE ALL THE WAY TO BE A CONTROL OF THE PARTY OF THE P	11. A AUTHORIZATION DATE 9-28-10		76-8		SHRED OTHER:	ARCHIVES		
10. B DATE 11. C DIRECTOR'S SIGNATURE, DIVISION OF ARCHIVES & RECORDS MANAGEMENT 12. A VERIFICATION (Signature)									

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL

INSTRU dispositi county a records Departr Stuyves

	call (609								
2. REQUEST DATE	3. REQUESTED BY (Signature and Title)								
8/19/10	Terry Smith								
	ereby requested for the disposal of the following public reco of involved in litigation and are not required for a present or								
5. SERIES NUMBER	6. RECORD SI								
5002-0000	CHANK STATEMENT								
0004-0001	QCHECK FILE - CHE.								
0005-0000	SDEPOSIT SLIPS								
0314-0001	PENS. FILE- OtPLY								
0313-0001	PAYROLL FILE - RE								
200-0007	BUDG. FILE - YAD								
0304-0001	to FILE								
FOR DIVISION	USE ONLY:								
10 AUDIT VEDICIOATION									
10. AUDIT VERIFICATION 10. A AUDITOR'S SIGNATURE									
7	Modelle 48 Cida								
10. B DATE	3 19 11 3								
to	2/31/09								

FOR RECORDS DISPOSAL

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1. REQUESTING AGENCY NAME (Name, Address, Telephone No.)

Borough of Mt. Arlington/

419 Howard Blvd.

Mt. Arlington, NJ 07856

	call (609) 530-3200.											
2. REQUEST DATE 8/19/	3. REQUESTED BY (Signature and Title) Jerry And	h - Treisure		UEST APPROVED BY	Signature and Title)							
Authorization is he periods and are no	ereby requested for the disposal of the following public recor ot involved in litigation and are not required for a present or f	ds in accordance with New Jersey P.L1 uture audit. NOTE: Items 5, 6, and 8 m	953, c. 410 as amended. It ust be completed as they a	is further certifled that pear on an approved	the record series listed herein have exceeded records retention schedule.	their respective retention						
5. SERIES NUMBER	6. RECORD SE	RIES TITLE	7. INCLU	To (Mo/Yr)	8. RETENTION PERIOD	9. VOLUME (Cubic Feet)						
0200-00%	BUDGET FILE MONT	HLY	1-02	7-02	3 yes	1						
5	STATUS RE		8-02	12-02	3 4	1						
0317-0000	RECEIVING REPORT		1-05	12-05	3 "	1						
0602-0000	BANK STATEMENT		1-03	12-03	6 4	1						
0100-0003	CASH DISB. MONT	lly	1-06	12.06	3 "	1						
0325-0002	HENDOR FILE		1-06	12-06	3 4	1						
0304-0001	PO FILE		1-04	3-04	6 " 6	1						
5	10 FILE		4-04	6-04	6 4	1						
0507-0000	INVENTORIES		1-00	12-02	3 4	1						
0304-0001	for FILE		1-03	3-13	6 4	1						
0304-0001	PO FILE		4-03	6-03	6 4	1						
FOR DIVISION	USE ONLY:		Mr.		TOTAL VOLUME							
-	AUDIT VERIFICATION		ORIZATION		12. DISPOSI	TION						
10. A AUDITOR'S SIG	NATURE Of Mr Aluxes	11. A AUTHORIZATION DATE 9-28-10	11. B AUTHORIZATION NUM	26	SHRED RECYCLE TRANSFER TO ARCHIVES							
10. B DATE	12/39/09	11. C DIRECTOR'S SIGNATURE, DIVISION	20.1	ANAGEMENT	12. A VERIFICATION (Signature)	12. B DATE						

WHITE - Division

YELLOW-Followup

PINK - Requesting Agency

GOLDENROD - Auditor

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL

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1. REQUESTING AGENCY NAME (Name, Address, Telephone No.)

Borough of Mt. Arlington 419 Howard Blvd. Mt. Arlington, NJ 07856 973-399868

8/19/10	3. REQUESTED BY (Signature and Title) June Smit	6 - Tressurer		EQUEST APPROVED BY	(Signature and Title)	1				
Authorization is hereby requested for the disposal of the following public records in accordance with New Jersey P.L. 1953, c. 410 as amended. It is further certified that the record series listed herein have exceeded their respective retention periods and are not involved in litigation and are not required for a present or future audit. NOTE: Items 5, 6, and 8 must be completed as they appear on an approved records retention schedule.										
5. SERIES	6. RECORD SE	RIES TITLE	7. INCL	USIVE DATES	8. RETENTION PERIOD	9. VOLUME				
NUMBER	D = 111		From (Mo/			(Cubic Feet)				
0602-6000	BANK STATEMENTS	and the state of t	1-04	12.04	6 yel	7				
0005-0000	(DEPOSIT SLIPS	~	9 1-04	12-04	6 11 5					
313-0004	OPAYROLL REPORTS		1-04	12-04	6 "	/				
304-0001	PO FILE		7-03	9-03	6 "	1				
304-0001	FO FILE		10.03	12-03	6 :	1				
0326-0002	VENDOR YED		1-03	12-03	6"	1				
6200-0008	BUDGET FILE- WORK	PAPERS	1-04	12-04	6 1	/				
0328-0000	OPH TAX FILE		1-03	12.03	7 4	1				
0313-0004	BAYROLL FILE- REPO	RTS	1-04	12-04	611	/				
0313-0001	PAY ASSOC. W/LEDGE	_	1-04	12.04	611	1				
02000006	BUAG, MONTHLY 5	TATUS	1-07	12-07	3 11	1				
0317-0000	PRECEIVING REPORT		1-07	12-07	3 1	1				
FOR DIVISION	USE ONLY:	STROY AFTER	12-31-201	0 4/-	TOT VOLU	TAL 36CF				
10.	AUDIT VERIFICATION	11. AUTHO	PRIZATION		12. DISPO	SITION				
10. A AUDITOR'S SIG	NATURE	11. A AUTHORIZATION DATE	11. B AUTHORIZATION I	NUMBER	SHRED RECYCLE	TRANSFER TO ARCHIVES				
71	of Mr. Huste	9-28-10	76.	826	OTHER:	7110111120				
10. B DATE	2/2/2	11. C DIRECTOR'S SIGNATURE, DIVISION O	OF ARCHIVES & RECORD	S MANAGEMENT	12. A VERIFICATION (Signature)	12. B DATE				
1	2/31/09	Karl	Mile	Sorugh						
1.	WHITE - Division YELI	LOW - Followup	PINK - Requesting A	gency	GOLDENROD - Auditor					

REQUEST AND AU	THORIZATION	submitted prior to the agencies must complete	ush details. Flease type of print. This request must be uponitted prior to the disposition of any public records. State gencies must complete items 1. through 14., county and municipal lust also complete items 15.A and 15.B, if fiscal records are listed.			Borough of Mount Arlington 419 Howard Blvd.				
FOR RECORDS		Return intact form (all four parts) to: [DISPOSAL REQUESTS,	Mt. Arling	ton, NJ 07856	973-398-6832			
	-			Archives and Records Avenue. P.O. Box 307,	1.A Agency Rete	ention Schedule	Number			
, a	81	Trenton, N.J. 08625.	For questions or as	sistance, call (609) 530- ope for expedited service.	2010-001	antion Confodulo	THE MI			
2. Request Date	3. Requested E									
12/06/10	15 May	CTC	Signature)	We Chil	2 PSIMai CTC					
6. Archival Review (Signature)	,	7. Premature R	Records Disposa		8. Comments		v v			
(Signature)	Microfilm	Digital Image	Damaged Re	cords Certificate						
197	YesNo	YesNo	Yes							
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9. Record Series	10. Record Ser		11. Retention	12. Inclusi		13. Dispose	14. Volume			
Number			Period	From (MM/YYYY)	To (MM/YYYY)	After	(Cubic Feet)			
0003-0002	DtiTity Dail	ly Transaction	6 Yr	01/2003	12/2003	01/01/10	*			
0350-0000	Sewer Billin	ng Register	6 Yr	01/2003	12/2003	01/01/10	rk			
0101-0000	Water Billing Register		6 Yr	01/2003	12/2003	01/01/10	*			
0001-0000	Pax/Util Delinquent Reprt		6 Yr	01/2003	12/2003	01/01/10	*			
N/A	Tex/Util Ad	justmnt Reprt	6 Yr	01/2003	12/2003	01/01/10	sk			
N/A	Lien Adjust	ment Report	6 Yr	01/2003	12/2003	01/01/10	*			
0020-0000	Tax Receipt,		6 Yr	01/2003	12/2003	01/01/10	*			
0020-0000	Utility Reco	eipt/Bill Stub		01/2003	12/2003	01/01/10	*			
0183-0000	Septic Syste	em Records	Until Connected to Pub Sewer		:		*			
	AND AND ADDRESS AND THE WAY THE WIND AND ADDRESS.	المقارة مراهدة فالمقارب والمراهد والماران مواراتي والماران والماران والماران والماران والماران والماران والماران		01/1972	01/1990	01/01/10	* All Above 1 CF			
For DARM Use Only	1		سر . ٥				Total Volume			
# ** **			W				9			
15. Audit Ver	ification	16.	DARM Authoriz	zation		17. Dispo	sition			
15.A Auditor's Signatu	ire	16.A Authorization Date	16.B Author	rization Number	Shred	Recycle	Transfer to Archives			
+ 1/1/1 /		12-22-		-10 77-256		ShredRecycle Transfer to Archives Other				
15.B Date		16.C Director's Sig	nature, Division of	Archives and	17.A Verification S	Signature	17.B Date			
12/31/09 Records N			l Mi	edour						
WHITE - DA	RM '	YELLOW - DAF	RM Follow up	PINK ∠ Requ	esting Agency	GOLDEN	NROD – Auditor			

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL submitted pri agencies mus must also con Return intact Department Management			mitted prior to the disposition of any public records. State noise must complete items 1. through 14., county and municipal at also complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B, if fiscal records are listed. The interference of the complete items 15.A and 15.B and 15.B and 15.B and 15.B and 15.B a			1. Requesting Agency Name (Name, Address, and Telephone No.) Borough of Mount Arlington 419 Howard Blvd. Mt. Arlington, NJ 07856 973-398-6832 1.A Agency Retention Schedule Number			
3208. Please include self addressed envelope for expedited					2010-00	0 7	4		
2. Request Date	3. Requested By (Signature) 4. Request Approved By (Custodian				of Public Records	5. Records Ma	nager (Signature)		
12/06/10	Kina	in CTC	Signature)	el de		PSima	u cTC		
6. Archival Review		7. Premature R	ecords Disposa	1	8. Comments		1		
(Signature)	Microfilm	Digital Image							
	Yes XNo	Yes_X_No		<u> </u>			the difference of the differen		
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Number			Period	From (MM/YYYY)	To (MM/YYYY)	After	(Cubic Feet)		
0055-0002	Resolution/C	ordinance Copy	Periodic	12/1962	01/1997	01/01/98	*		
0177-0000 -	Rabies Inoculation Record		3Yr	01/1985	12/1994	01/01/98	×		
0153-0000	Dathing Place Test Results		3 Yr	01/1962	12/1997	01/01/01	*		
0055-0002	Resolution/Ordinance Copy		Periodic	01/1952	12/1953	01/01/54	Ŕ		
0186-0000	Water Well Permits		6 Yr	01/1987	12/1988	01/01/95	Above * 1 CF		
0007-0002	Contracts Du	plicates	1 Yr	01/1978	12/1983	01/01/84	źż		
0007-0002	Contracts De	plicates	1 Yr	01/1985	12/1988	01/01/90	**		
0007-0002	Contracts De	iplicates	1 Yr	01/1990	12/1990	01/01/92	**		
0153-0000	Bathing Place	e Test Re hukl t	3 Yr	01/1998	12/1988	01/01/92	Above ** 1 CF		
	£								
For DARM Use Only	1			7-			Total Volume		
15. Audit Ver	ification	16.	DARM Authoriz	zation		17. Dispo	sition		
15.A Auditor's Signature 16.A Authorization Date		70 10		Shred	Recycle _	Transfer to Archives			
15.B Date 16.C Director's Signature, Division of Archives and Records Management 12/31/09 WHITE - DARM YELLOW - DARM Follow up PINK - Requesting Agency GOLDENROD - Auditor									

REQUEST AND AU FOR RECORDS	DISPOSAL	submitted prior to the agencies must complete its must also complete its Return intact form (Department of Stamanagement (DARM) Trenton, N.J. 08625. 3208. Please include:	ne disposition of arete items 1. through a tems 15.A and 15.B, it all four parts) to: It all four parts) to: It all four parts) to: It all four parts) are four parts or as for guestions or as	This request must be by public records. State 14., county and municipal f fiscal records are listed. DISPOSAL REQUESTS, Archives and Records Avenue. P.O. Box 307, sistance, call (609) 530-ppe for expedited service.	1. Requesting Agency Name (Name, Address, and Telephone No.) Borough of Mount Arlington 419 Howard Blvd. Mt. Arlington, NJ 07856 973-398-6832 1.A Agency Retention Schedule Number 2010-004				
2. Request Date 12/06/10	3. Requested E	uested By (Signature) 4. Request Approved By (Custodian of Signature)			of Public Records 5. Records Manager (Signature) Since CTC				
6. Archival Review	, -,,	7. Premature B	Records Disposa		8. Comments	1 //-(0	a cr		
(Signature)	Microfilm Yes X No	Digital Image Yes _ <u>⊀</u> No	Yes	cords Certificate		8 .			
Authorization is hereby requested for the disposal of the following public records in accordance with New Jersey P.L. 1953, c. 410 as amended. It is further certified that the record series listed herein have exceeded their respective retention periods and are not involved in any action, such as a pending OPRA request, litigation, or anticipated litigation as per the Federal Rules of Civil Procedure, December 2006; and are not required for a present or a future audit. NOTE: Items 9., 10., and 11. must be completed as they appear on an approved records retention schedule.									
9. Record Series Number	10. Record Ser	ies Title	11. Retention Period	12. Inclusi From (MM/YYYY)	ve Dates To (MM/YYYY)	13. Dispose After	14. Volume (Cubic Feet)		
0021-0002	Public Repro	Health Stand	Periodid	01/1989	12/1989	01/01/90	*		
0166-0000		Inspec Reprt	3 Yr	01/1967	12/1967	01/01/71	*		
0166-0000		Inspec Reprt	3 Yr	01/1970	12/1970	01/01/74	*		
0166-0000	Food Estab	Inspec Reprt	3 Yr	01/1978	12/1978	01/01/82	*		
0166-0000	Food Estab	Inspec Reprt	3 Yr	01/1988	12/1988	01/01/92	Above * 1 CF		
0014-0000	Immizatio	n Records	10 Yr	01/1974	12/1974	01/01/85	**		
0014-0000	Lumiunization	n Records	10 Yr	01/1988	12/1988	01/01/99	余水		
0008-0001	Corr Externa	al DEP	3 Yr	01/1962	12/1997	01/01/01	水水		
0008-0002	Corr Intern	a.l	Periodic	01/1962	12/1997	01/01/98	水水		
0017-0002	Health Minu	tes Copy	Periodic	01/1968	12/1969	01/01/70	Above ** 1 CF		
For DARM Use Only	/			**************************************		1	Total Volume		
			7.	The			10		
15. Audit Ver	11-00-17-7-7-9-00-15-7-19-7-5-7-1		DARM Authoriz	ation		17. Dispo	sition		
15.A Auditor's Signatu	ure of	16.A Authorization Date	16.B Author	ization Number	Shred	Recycle	Transfer to Archives		
1-316-	I LLP	12-22-11	0 77-	256	Other				
15.B Date 16.C Director'		16.C Director's Sig Records Manag	nature, Division of ement	Archives and Aun of	17.A Verification S	Signature	17.B Date		
WHITE - DA	WHITE – DARM YELLOW – DARM Follow up PINK – Requesting Agency GOLDENROD – Auditor								

(4)		Instructions: Ple	ase type or print.	This request must be	1. Requesting Agency Name (Name, Address, and Telephone No.)			
<i>f</i>	12			y public records. State 4., county and municipal		Bowwugh of Mount Arlington		
REQUEST AND AU	THORIZATION	must also complete ite	ems 15.A and 15.B, if	f fiscal records are listed.	419 Howard I			
FOR RECORDS	DISPOSAL	Return intact form (all four parts) to: Division of	DISPOSAL REQUESTS, Archives and Records	Mt. Arlington, NJ 07856 973-398-6832			
	8	Management (DARM)), 2300 Stuyvesant A	Avenue. P.O. Box 307,	1.A Agency Reter	ntion Schedule	Number	
		Trenton, N.J. 08625.	For questions or as	sistance, call (609) 530- ope for expedited service.	20100003			
2. Request Date	3. Requested E		4. Request App	proved By (Custodian	of Public Records	5. Records Mai	nager (Signature)	
12/06/10	PSimay	CTC	Signature)	000		PSina	i CTC	
6. Archival Review	1 514009		Records Disposa	1	8. Comments	7 0 7 0000		
(Signature)	Microfilm	Digital Image	Damaged De	cords Certificate				
	Yes X No	Yes X No	Yes		7			
Authorization is hereby rec	uested for the dispos	sal of the following public	c records in accordan	ce with New Jersey P.L. 19	953, c. 410 as amended.	It is further certified	that the record series listed herein	
have exceeded their respe December 2006; and are r	ctive retention period	s and are not involved in sent or a future audit. No	n any action, such as OTF: Items 9, 10, ar	a pending OPRA request, nd 11, must be completed	litigation, or anticipated las they appear on an ap-	litigation as per the F proved records reten	ederal Rules of Civil Procedure, tion schedule.	
9. Record Series	10. Record Ser		11. Retention	12. Inclusi		13. Dispose	14. Volume	
Number			Period	From (MM/YYYY)	To (MM/YYYY)	After	(Cubic Feet)	
00020000	Animal Cens	us Report	3 Yr	01/1975	12/1975	01/01/80	*	
0158-0000	Dog Bite No	tice	3 Yr	01/1972	12/1972	01/01/77	×	
0002-0000	Animal Census Report		3 Yr	01/1985	12/1987	01/01/91	*	
0158-0000	Dog Bite Notice		3 Yr	01/1980	12/1980	01/01/85	÷	
0158-0000	Dog Bate No	otice	3 Yr	01/1985	12/1987	01/01/911	*	
0003-0001	BudgertDept	. File	7 Yr	01/1987	12/1991	01/01/99	*	
0007-0000	Contract Si	gned Original	7 Yr	01/XXXX 1988	12/XXXX 1988	01/01/96	*	
0017-0002	Plannigg Bd	Minute Copy	Periodic	01/1991	12/1991	01/01/92	*	
0154-0000	Arrimal Comp	laints	3 Yr	01/1991	12/1992	01/01/96	*	
0021-0002	-	o Health Stand	Periodic	01/1976	12/1978	01/01/79	* All Above 1 CF	
For DARM Use Only	1						Total Volume	
45				4/			10	
15. Audit Ver	ification	16	DARM Authoriz	ation		17. Dispo	sition	
15.A Auditor's Signatu	ire	16.A Authorization	16.B Author	rization Number				
7/1/1	af a	Date			Shred	Recycle _	Transfer to Archives	
12-2			10 77	-256	Other			
15.B Date	, , , , , , ,	16.C Director's Sig			17.A Verification S	ignature	17.B Date	
10.5 5410	100	Records, Manag	rement /			•	construence (COST) (COST)	
12/3//	109	Har		deurgh				
					esting Agency	GOLDEN	IROD – Auditor	

REQUEST AND AUTHORIZATION		Instructions: Please type or print. This request must be submitted prior to the disposition of any public records. State agencies must complete items 1. through 14., county and municipal must also complete items 15.A and 15.B, if fiscal records are listed.			1. Requesting Agency Name (Name, Address, and Telephone No.) Borough of Mount Arlington		
					419 Howard Blvd.		
FOR RECORDS DISPOSAL		Return intact form (all four parts) to: DISPOSAL REQUESTS,			Mt. Arlington, NJ 07856 973-398-6832		
TOR NEGORBO BIOT GOAL		Department of State, Division of Archives and Records Management (DARM), 2300 Stuyvesant Avenue. P.O. Box 307,					
		Trenton, N.J. 08625. For questions or assistance, call (609) 530-			1.A Agency Retention Schedule Number		
				ppe for expedited service.	2010-002		
2. Request Date	3. Requested E	1.5	4. Request Approved By (Custodian Signature)				
12/06/10	PSIMO	i CTC	Color Color		& Sinoii CTC		
6. Archival Review (Signature)			Records Disposal		8. Comments		
(Originature)	Microfilm	Digital Image	Damaged Records Certificate				
	Yes <u>X</u> No	Yes <u></u> No	Yes				
Authorization is hereby requested for the disposal of the following public records in accordance with New Jersey P.L. 1953, c. 410 as amended. It is further certified that the record series listed herein have exceeded their respective retention periods and are not involved in any action, such as a pending OPRA request, litigation, or anticipated litigation as per the Federal Rules of Civil Procedure, December 2006; and are not required for a present or a future audit. NOTE: Items 9., 10., and 11. must be completed as they appear on an approved records retention schedule.							
9. Record Series 10. Record Series T			11. Retention	12. Inclusi		13. Dispose	14. Volume
Number			Period	From (MM/YYYY)	To (MM/YYYY)	After	(Cubic Feet)
0186-0000	Water Well Permits		6 Yr	01/1972	01/1990	01/01/10	fe
0189-0000	Reprt Occup	/Environ Disea	3 Yr	01/1972	01/1990	01/01/10	*
0154-0000	Complaint F	orms	3 Yr	01/1963	01/1977	01/01/10	k
0003-0001	-Budget Appr	op Dept. Files	7 Yr	01/1979	12/1979	01/01/10	*
0017-0002	Council Meeting Minut Copy		Periodic	01/1991	12/1991	01/01/10	sk
0024-0002	Monthly Report Copy		3 Yr	01/1972	12/1990	01/01/10	*
0180-0000	Red for Rabies Exam		3 Yr	01/1972	12/1990	01/01/10	*
0010-0000	Deposit Receipts		6 Yr	01/1983	12/1983	01/01/10	sk
0010-0000	Deposit Receipts		6 Yr	01/1990	12/1990	01/01/10	*
0166-0000	Food Estab	Inspect Reprt	3 Yr	01/1985	12/1985	01/1989	* All Above 1 CF
For DARM Use Only							Total Volume
Alexander of the second of the							7cF 10
Control and Contro		. DARM Authorization		17. Disposition			
15.A Auditor's Signature		16.A Authorization Date	16.B Author	rization Number	Shred	Recycle	Transfer to Archives
Wei Lie		12-22-10 77-256			Other		
15.B Date 16.0			6.C Director's Signature, Division of Archives and Records Management			Signature	17.B Date
12/31/09		Harl Milederer of					Α
WHITE - DA	RM	YELLOW - DARM Follow up PINK - Requesting Agency GOLDENROD - Auditor					