
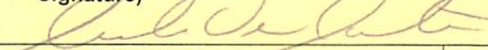

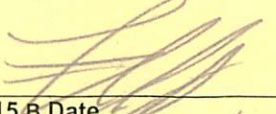
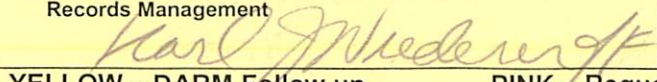


(25 ready to go)

55 Boxes Total


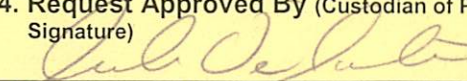
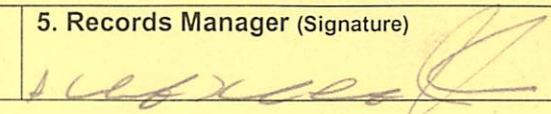
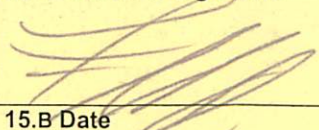
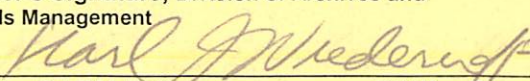
REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL		Instructions: Please type or print. This request must be submitted prior to the disposition of any public records. State agencies must complete items 1. through 14., county and municipal must also complete items 15.A and 15.B, if fiscal records are listed. 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		
					1.A Agency Retention Schedule Number 2010-003		
2. Request Date 8/11/2010	3. Requested By (Signature) 		4. Request Approved By (Custodian of Public Records Signature) 		5. Records Manager (Signature) 		
6. Archival Review (Signature)	7. Premature Records Disposal			8. Comments			
	Microfilm ___ Yes <input checked="" type="checkbox"/> No	Digital Image ___ Yes <input checked="" type="checkbox"/> No	Damaged Records Certificate ___ Yes <input checked="" type="checkbox"/> 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 Number	10. Record Series Title	11. Retention Period	12. Inclusive Dates		13. Dispose After	14. Volume (Cubic Feet)	
			From (MM/YYYY)	To (MM/YYYY)			
0097-0000	Wkly Jail Insp Report	2yrs	01/2007	12/2007	9/1/10	1'	
0030-0000	Financial Log Oper. Budget	6yrs	01/1995	12/2003	9/1/10	2'	
0012-0000	Blotter sheets/Daily Assign. Sheets	3yrs	01/1999	12/2005	9/1/10	2'	
For DARM Use Only						Total Volume 5' 55"	
15. Audit Verification		16. DARM Authorization		17. Disposition			
15.A Auditor's Signature 		16.A Authorization Date 9-28-10	16.B Authorization Number 76-825	___ Shred ___ Recycle ___ Transfer to Archives ___ Other _____			
15.B Date 12/31/09		16.C Director's Signature, Division of Archives and Records Management 		17.A Verification Signature		17.B Date	

WHITE - DARM

YELLOW - DARM Follow up

PINK - Requesting Agency

GOLDENROD - Auditor

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL		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		
					1.A Agency Retention Schedule Number 2010-002		
2. Request Date 8/11/2010	3. Requested By (Signature) 	4. Request Approved By (Custodian of Public Records Signature) 		5. Records Manager (Signature) 			
6. Archival Review (Signature)	7. Premature Records Disposal			8. Comments			
	Microfilm ___ Yes <input checked="" type="checkbox"/> No	Digital Image ___ Yes <input checked="" type="checkbox"/> No	Damaged Records Certificate ___ Yes <input checked="" type="checkbox"/> 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 Number	10. Record Series Title	11. Retention Period	12. Inclusive Dates From (MM/YYYY) To (MM/YYYY)		13. Dispose After	14. Volume (Cubic Feet)	
0067-0000	Radar log sheet	2yrs	01/1996	12/2007	9/1/10	2'	
0050-0000	Motor vehicle abstrats log upon disp. of case		01/1997	12/2008	9/1/10	1'	
0055-0000	Overtime reports	6yrs	01/1996	12/2003	9/1/10	1'	
0061-0002	Police applications(rejected) 3yrs		01/1995	12/2006	9/1/10	1'	
0082-0000	Summonses (copy)	30days after disposition	01/1997	12/2008	9/1/10	4'	
0088-0000	towed vehicle log	1yrafter final entry	01/2000	12/2008	9/1/10	1'	
0093-0000	vacant/unoccupied house	upon reoccupancy	01/2005	12/2009	9/1/10	1'	
For DARM Use Only						Total Volume 11'	
15. Audit Verification		16. DARM Authorization		17. Disposition			
15.A Auditor's Signature 	16.A Authorization Date 9-28-10	16.B Authorization Number 76-825	___ Shred ___ Recycle ___ Transfer to Archives ___ Other _____				
15.B Date 12/31/09	16.C Director's Signature, Division of Archives and Records Management 		17.A Verification Signature		17.B Date		

WHITE - DARM

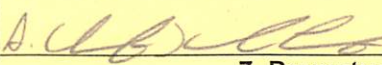
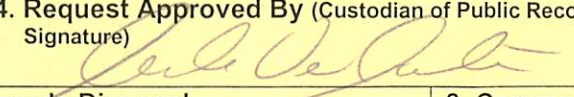
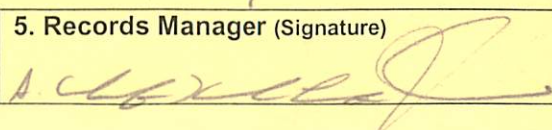


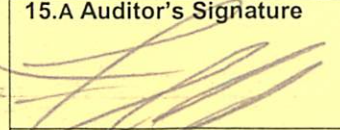
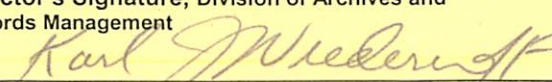
YELLOW - DARM Follow up

PINK - Requesting Agency

GOLDENROD - Auditor

(25 ready to go)

55 Boxes Total

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL		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				
2. Request Date 8/11/2010	3. Requested By (Signature) 	4. Request Approved By (Custodian of Public Records Signature) 		1. Requesting Agency Retention Schedule Number 119 2010-001				
6. Archival Review (Signature)	7. Premature Records Disposal <table style="width:100%; font-size: x-small;"> <tr> <td style="width:33%;">Microfilm ___ Yes <input checked="" type="checkbox"/> No</td> <td style="width:33%;">Digital Image ___ Yes <input checked="" type="checkbox"/> No</td> <td style="width:33%;">Damaged Records Certificate ___ Yes <input checked="" type="checkbox"/> No</td> </tr> </table>			Microfilm ___ Yes <input checked="" type="checkbox"/> No	Digital Image ___ Yes <input checked="" type="checkbox"/> No	Damaged Records Certificate ___ Yes <input checked="" type="checkbox"/> No	5. Records Manager (Signature) 	
Microfilm ___ Yes <input checked="" type="checkbox"/> No	Digital Image ___ Yes <input checked="" type="checkbox"/> No	Damaged Records Certificate ___ Yes <input checked="" type="checkbox"/> 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 Number	10. Record Series Title	11. Retention Period	12. Inclusive Dates		13. Dispose After			
			From (MM/YYYY)	To (MM/YYYY)	14. Volume (Cubic Feet)			
0021-0000	Daily Activity/Vehicle Logs	3yrs	01/1995	12/2005	9/1/10 6'			
0035-0000	Handicapped Parking Permits	1yr	01/2005	01/2009	9/1/10 1'			
0036-0003	Non-criminal, excl drunk drive	2yrs	01/1996	12/2005	9/1/10 16'			
0036-0002	Criminal excl Homicide, missing persons, stolen weapons, no arrest	7yrs from date of crime	01/1991	12/2002	9/1/10 10'			
0053-0001	Reportable and non-reportable accident reports	3 yrs unless in litigation	01/1996	12/2005	9/1/10 4'			
0092-0000	Uniform Crime Report (UCR)	3yrs	01/2002	12/2006	9/1/10 1'			
0047-0000	Money log book	6yrs after final entry	01/1978	12/2003	9/1/10 1'			
For DARM Use Only <div style="text-align: center; font-size: 2em; margin-top: 20px;">  </div>					Total Volume <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">  </div>			
15. Audit Verification		16. DARM Authorization		17. Disposition				
15.A Auditor's Signature 	16.A Authorization Date 9-28-10	16.B Authorization Number 76-825	___ Shred ___ Recycle ___ Transfer to Archives ___ Other _____					
15.B Date 12/31/09	16.C Director's Signature, Division of Archives and Records Management 		17.A Verification Signature		17.B Date			

WHITE - DARM

YELLOW - DARM Follow up

PINK - Requesting Agency

GOLDENROD - Auditor

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL

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 of Mt. Arlington
419 Howard Blvd.
Mt. Arlington, NJ 07856
==973-398-

36 Boxes
Total

2. REQUEST DATE

8/19/10

3. REQUESTED BY (Signature and Title)

Jerry Smith - Treasurer

4. REQUEST APPROVED BY (Signature and Title)

6832

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 NUMBER	6. RECORD SERIES TITLE	7. INCLUSIVE DATES		8. RETENTION PERIOD	9. VOLUME (Cubic Feet)
		From (Mo/Yr)	To (Mo/Yr)		
0200-0008	BUDGET WORKPAPERS	1-03	12-03	6 yrs	1
0002-0000	BANK STATEMENT	1-03	12-03	6 "	1
0304-0000	PO FILE	11-04	12-04	6 "	1
0304-0001	PO FILE	5-04	7-04	6 "	1
0004-0001	CHECK FILE - CHECKS	1-03	12-03	6 "	1
0304-0001	PO FILE	1-02	12-02	6 "	1
0002-0000	BANK STATEMENTS	1-01	12-01	6 "	1
0002-0000	BANK STATEMENTS	1-02	12-02	6 "	1
0002-0000	BANK STATEMENTS	1-04	12-04	6 "	1
0004-0001	CHECK FILE - CHECKS	1-04	12-04	6 "	1
0005-0000	DEPOSIT SLIPS	1-04	12-04	6 "	1

FOR DIVISION USE ONLY:

DESTROY AFTER 12-31-10 YF

TOTAL VOLUME

10

10. AUDIT VERIFICATION		11. AUTHORIZATION		12. DISPOSITION	
10. A AUDITOR'S SIGNATURE		11. A AUTHORIZATION DATE		11. B AUTHORIZATION NUMBER	
12/31/09		9-28-10		76-826	
10. B DATE		11. C DIRECTOR'S SIGNATURE, DIVISION OF ARCHIVES & RECORDS MANAGEMENT		12. A VERIFICATION (Signature)	
		Karl M. Wiedeman Jr.			
				12. B DATE	

WHITE - Division

YELLOW - Followup

PINK - Requesting Agency

GOLDENROD - Auditor

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL

INSTRU
dispositi
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Departm
Stuyves
call (609

2. REQUEST DATE

8/19/10

3. REQUESTED BY (Signature and Title)

Jerry Smith

Authorization is hereby requested for the disposal of the following public records periods and are not involved in litigation and are not required for a present or

5. SERIES
NUMBER

6. RECORD SE

0002-0000	BANK STATEMENT
0004-0001	CHECK FILE - CHE
0005-0000	DEPOSIT SLIPS
0314-0001	PENS. FILE - QTRLY
0313-0001	PAYROLL FILE - RE
0200-0007	BUDG. FILE - YTD
0304-0001	PO FILE

FOR DIVISION USE ONLY:

10. AUDIT VERIFICATION

10. A AUDITOR'S SIGNATURE

10. B DATE

12/31/09

WHITE - Division

YELL

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL

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.)

Borough of Mt. Arlington
419 Howard Blvd.
Mt. Arlington, NJ 07856
973-398-6832

2. REQUEST DATE

8/19/10

3. REQUESTED BY (Signature and Title)

Jerry Smith - Treasurer

4. REQUEST APPROVED BY (Signature and Title)

[Signature]

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 NUMBER	6. RECORD SERIES TITLE	7. INCLUSIVE DATES		8. RETENTION PERIOD	9. VOLUME (Cubic Feet)
		From (Mo/Yr)	To (Mo/Yr)		
0200-0006	BUDGET FILE MONTHLY	1-02	7-02	3 yrs	1
S	STATUS REPORT	8-02	12-02	3 "	1
0317-0000	RECEIVING REPORT	1-05	12-05	3 "	1
0002-0000	BANK STATEMENT	1-03	12-03	6 "	1
0100-0003	CASH DISB. MONTHLY	1-06	12-06	3 "	1
0325-0002	VENDOR FILE	1-06	12-06	3 "	1
0304-0001	PO FILE	1-04	3-04	6 "	1
S	PO FILE	4-04	6-04	6 "	1
0507-0000	INVENTORIES	1-00	12-02	3 "	1
0304-0001	PO FILE	1-03	3-03	6 "	1
0304-0001	PO FILE	4-03	6-03	6 "	1

FOR DIVISION USE ONLY:

TOTAL
VOLUME

11

10. AUDIT VERIFICATION

10. A AUDITOR'S SIGNATURE

[Signature]

10. B DATE

12/31/09

11. AUTHORIZATION

11. A AUTHORIZATION DATE

9-28-10

11. B AUTHORIZATION NUMBER

76-826

11. C DIRECTOR'S SIGNATURE, DIVISION OF ARCHIVES & RECORDS MANAGEMENT

[Signature]

12. DISPOSITION

☐ SHRED

☐ RECYCLE

☐ TRANSFER TO
ARCHIVES

☐ OTHER :

12. A VERIFICATION (Signature)

12. B DATE

WHITE - Division

YELLOW - Followup

PINK - Requesting Agency

GOLDENROD - Auditor

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL

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.)

Borough of Mt. Arlington
419 Howard Blvd.
Mt. Arlington, NJ 07856

973-30986812

2. REQUEST DATE

8/19/10

3. REQUESTED BY (Signature and Title)

Jerry Smith - Treasurer

4. REQUEST APPROVED BY (Signature and Title)

[Signature]

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 NUMBER	6. RECORD SERIES TITLE	7. INCLUSIVE DATES		8. RETENTION PERIOD	9. VOLUME (Cubic Feet)
		From (Mo/Yr)	To (Mo/Yr)		
0002-0000	BANK STATEMENTS	1-04	12-04	6 yrs	1
0005-0000	DEPOSIT SLIPS	1-04	12-04	6 "	1
0313-0004	PAYROLL REPORTS	1-04	12-04	6 "	1
0304-0001	PO FILE	7-03	9-03	6 "	1
0304-0001	PO FILE	10-03	12-03	6 "	1
0326-0002	VENDOR YTD	1-03	12-03	6 "	1
0200-0008	BUDGET FILE - WORK PAPERS	1-04	12-04	6 "	1
0328-0000	PIH TAX FILE	1-03	12-03	7 "	1
0313-0004	PAYROLL FILE - REPORTS	1-04	12-04	6 "	1
0313-0001	PAY ASSOC. w/LEDGER	1-04	12-04	6 "	1
02000006	BUDG. MONTHLY STATUS	1-07	12-07	3 "	1
0317-0000	RECEIVING REPORT	1-07	12-07	3 "	1

FOR DIVISION USE ONLY:

DESTROY AFTER 12-31-2010 Y/-

TOTAL VOLUME

36 cu ft
H

10. AUDIT VERIFICATION

10. A AUDITOR'S SIGNATURE

[Signature]

10. B DATE

12/31/09

11. AUTHORIZATION

11. A AUTHORIZATION DATE

9-28-10

11. B AUTHORIZATION NUMBER

76-820

11. C DIRECTOR'S SIGNATURE, DIVISION OF ARCHIVES & RECORDS MANAGEMENT

[Signature]

12. DISPOSITION

☐ SHRED

☐ RECYCLE

☐ TRANSFER TO ARCHIVES

☐ OTHER:

12. A VERIFICATION (Signature)

12. B DATE

WHITE - Division

YELLOW - Followup

PINK - Requesting Agency

GOLDENROD - Auditor

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL		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.) Borough of Mount Arlington 419 Howard Blvd. Mt. Arlington, NJ 07856 973-398-6832				
2. Request Date 12/06/10		3. Requested By (Signature) <i>P. Sinay CTE</i>		4. Request Approved By (Custodian of Public Records Signature) <i>[Signature]</i>		5. Records Manager (Signature) <i>P. Sinay CTE</i>			
6. Archival Review (Signature)		7. Premature Records Disposal <table style="width:100%; font-size: x-small;"> <tr> <td style="width:33%;">Microfilm ___ Yes ___ No</td> <td style="width:33%;">Digital Image ___ Yes ___ No</td> <td style="width:33%;">Damaged Records Certificate ___ Yes ___ No</td> </tr> </table>			Microfilm ___ Yes ___ No	Digital Image ___ Yes ___ No	Damaged Records Certificate ___ Yes ___ No	8. Comments	
Microfilm ___ Yes ___ No	Digital Image ___ Yes ___ No	Damaged Records Certificate ___ Yes ___ No							
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9. Record Series Number	10. Record Series Title	11. Retention Period	12. Inclusive Dates		13. Dispose After	14. Volume (Cubic Feet)			
			From (MM/YYYY)	To (MM/YYYY)					
0003-0002	Utility Daily Transaction	6 Yr	01/2003	12/2003	01/01/10	*			
0350-0000	Sewer Billing Register	6 Yr	01/2003	12/2003	01/01/10	*			
0101-0000	Water Billing Register	6 Yr	01/2003	12/2003	01/01/10	*			
0001-0000	Tax/Util Delinquent Reprt	6 Yr	01/2003	12/2003	01/01/10	*			
N/A	Tax/Util Adjustmnt Reprt	6 Yr	01/2003	12/2003	01/01/10	*			
N/A	Lien Adjustment Report	6 Yr	01/2003	12/2003	01/01/10	*			
0020-0000	Tax Receipt/Bill Stubs	6 Yr	01/2003	12/2003	01/01/10	*			
0020-0000	Utility Receipt/Bill Stub	6 Yr	01/2003	12/2003	01/01/10	*			
0183-0000	Septic System Records	Until Connected to Pub Sewer				*			
			01/1972	01/1990	01/01/10	* All Above 1 CF			
For DARM Use Only <div style="text-align: center; font-size: 2em; margin-top: 20px;">9</div>						Total Volume			
15. Audit Verification		16. DARM Authorization			17. Disposition				
15.A Auditor's Signature <i>[Signature]</i>		16.A Authorization Date 12-22-10		16.B Authorization Number 77-256		___ Shred ___ Recycle ___ Transfer to Archives ___ Other _____			
15.B Date 12/31/09		16.C Director's Signature, Division of Archives and Records Management <i>Karl Niedzwiedz</i>			17.A Verification Signature		17.B Date		

WHITE - DARM

YELLOW - DARM Follow up

PINK - Requesting Agency

GOLDENROD - Auditor

REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL		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.) Borough of Mount Arlington 419 Howard Blvd. Mt. Arlington, NJ 07856 973-398-6832 1.A Agency Retention Schedule Number 2010-005			
2. Request Date 12/06/10	3. Requested By (Signature) P. Simai CTC	4. Request Approved By (Custodian of Public Records Signature) 		5. Records Manager (Signature) P. Simai CTC				
6. Archival Review (Signature)	7. Premature Records Disposal <table style="width:100%; font-size: x-small;"> <tr> <td style="width:33%;">Microfilm __ Yes <input checked="" type="checkbox"/> No</td> <td style="width:33%;">Digital Image __ Yes <input checked="" type="checkbox"/> No</td> <td style="width:33%;">Damaged Records Certificate __ Yes <input checked="" type="checkbox"/> No</td> </tr> </table>			Microfilm __ Yes <input checked="" type="checkbox"/> No	Digital Image __ Yes <input checked="" type="checkbox"/> No	Damaged Records Certificate __ Yes <input checked="" type="checkbox"/> No	8. Comments	
Microfilm __ Yes <input checked="" type="checkbox"/> No	Digital Image __ Yes <input checked="" type="checkbox"/> No	Damaged Records Certificate __ Yes <input checked="" type="checkbox"/> 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 Number	10. Record Series Title	11. Retention Period	12. Inclusive Dates		13. Dispose After			
			From (MM/YYYY)	To (MM/YYYY)				
0055-0002	Resolution/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	Bathing 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			
0186-0000	Water Well Permits	6 Yr	01/1987	12/1988	01/01/95			
0007-0002	Contracts Duplicates	1 Yr	01/1978	12/1983	01/01/84			
0007-0002	Contracts Duplicates	1 Yr	01/1985	12/1988	01/01/90			
0007-0002	Contracts Duplicates	1 Yr	01/1990	12/1990	01/01/92			
0153-0000	Bathing Place Test Results	3 Yr	01/1988	12/1988	01/01/92			
For DARM Use Only <div style="text-align: center; font-size: 2em; opacity: 0.5;">X</div>					Total Volume <div style="font-size: 3em; color: blue;">9</div>			
15. Audit Verification		16. DARM Authorization		17. Disposition				
15.A Auditor's Signature 		16.A Authorization Date 12-22-10	16.B Authorization Number 77-256	__ Shred __ Recycle __ Transfer to Archives __ Other _____				
15.B Date 12/31/09		16.C Director's Signature, Division of Archives and Records Management 		17.A Verification Signature	17.B Date			

WHITE - DARM

YELLOW - DARM Follow up

PINK - Requesting Agency

GOLDENROD - Auditor

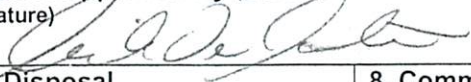


REQUEST AND AUTHORIZATION FOR RECORDS DISPOSAL		Instructions: Please type or print. This request must be submitted prior to the disposition of any public records. State agencies must complete items 1. through 14., county and municipal must also complete items 15.A and 15.B, if fiscal records are listed. 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.) Borough of Mount Arlington 419 Howard Blvd. Mt. Arlington, NJ 07856 973-398-6832		
2. Request Date 12/06/10		3. Requested By (Signature) <i>PSimai CTC</i>		4. Request Approved By (Custodian of Public Records Signature) <i>[Signature]</i>		5. Records Manager (Signature) <i>PSimai CTC</i>	
6. Archival Review (Signature)		7. Premature Records Disposal			8. Comments		
		Microfilm ___ Yes <input checked="" type="checkbox"/> No	Digital Image ___ Yes <input checked="" type="checkbox"/> No	Damaged Records Certificate ___ Yes <input checked="" type="checkbox"/> 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 Number	10. Record Series Title	11. Retention Period	12. Inclusive Dates		13. Dispose After	14. Volume (Cubic Feet)	
			From (MM/YYYY)	To (MM/YYYY)			
0021-0002	Public Repro Health Stand	Periodic	01/1989	12/1989	01/01/90	*	
0166-0000	Food Estab Inspec Reprt	3 Yr	01/1967	12/1967	01/01/71	*	
0166-0000	Food Estab 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	Immunization Records	10 Yr	01/1974	12/1974	01/01/85	**	
0014-0000	Immunization Records	10 Yr	01/1988	12/1988	01/01/99	**	
0008-0001	Corr External DEP	3 Yr	01/1962	12/1997	01/01/01	**	
0008-0002	Corr Internal	Periodic	01/1962	12/1997	01/01/98	**	
0017-0002	Health Minutes Copy	Periodic	01/1968	12/1969	01/01/70	Above ** 1 CF	
For DARM Use Only						Total Volume <div style="font-size: 2em; color: blue;">10</div>	
15. Audit Verification		16. DARM Authorization			17. Disposition		
15.A Auditor's Signature <i>[Signature]</i>		16.A Authorization Date 12-22-10		16.B Authorization Number 77-256		___ Shred ___ Recycle ___ Transfer to Archives ___ Other _____	
15.B Date 12/31/09		16.C Director's Signature, Division of Archives and Records Management <i>Carl Medema</i>			17.A Verification Signature		17.B Date

WHITE - DARM

YELLOW - DARM Follow up

PINK - Requesting Agency

GOLDENROD - Auditor

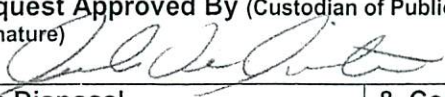
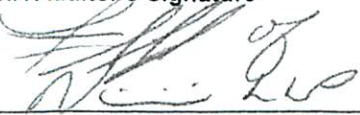
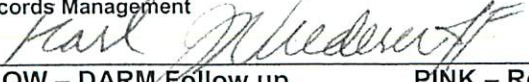
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2. Request Date 12/06/10	3. Requested By (Signature) <i>PSinan CTC</i>	4. Request Approved By (Custodian of Public Records Signature) 		5. Records Manager (Signature) <i>PSinan CTC</i>				
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			From (MM/YYYY)	To (MM/YYYY)	14. Volume (Cubic Feet)			
0002--0000	Animal Census Report	3 Yr	01/1975	12/1975	01/01/80			
0158-0000	Dog Bite Notice	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 Bite Notice	3 Yr	01/1985	12/1987	01/01/91			
0003-0001	Budget Dept. File	7 Yr	01/1987	12/1991	01/01/99			
0007-0000	Contract Signed Original	7 Yr	01/1988	12/1988	01/01/96			
0017-0002	Planning Bd Minute Copy	Periodic	01/1991	12/1991	01/01/92			
0154-0000	Animal Complaints	3 Yr	01/1991	12/1992	01/01/96			
0021-0002	Public Repro Health Stand	Periodic	01/1976	12/1978	01/01/79			
For DARM Use Only					Total Volume <div style="font-size: 2em; text-align: center;">10</div>			
15. Audit Verification		16. DARM Authorization		17. Disposition				
15.A Auditor's Signature 	16.A Authorization Date 12-22-10	16.B Authorization Number 77-256	___ Shred ___ Recycle ___ Transfer to Archives ___ Other _____					
15.B Date 12/31/09	16.C Director's Signature, Division of Archives and Records Management 		17.A Verification Signature	17.B Date				

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2. Request Date 12/06/10	3. Requested By (Signature) <i>P. Simai CTC</i>	4. Request Approved By (Custodian of Public Records Signature) 		5. Records Manager (Signature) <i>P. Simai CTC</i>				
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			From (MM/YYYY)	To (MM/YYYY)				
0186-0000	Water Well Permits	6 Yr	01/1972	01/1990	01/01/10	*		
0189-0000	Reprt Occup/Environ Disea	3 Yr	01/1972	01/1990	01/01/10	*		
0154-0000	Complaint Forms	3 Yr	01/1963	01/1977	01/01/10	*		
0003-0001	Budget Approp 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	*		
0024-0002	Monthly Report Copy	3 Yr	01/1972	12/1990	01/01/10	*		
0180-0000	Req 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	*		
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 <div style="text-align: center; font-size: 2em;">J/C</div>						Total Volume <div style="text-align: center; font-size: 2em;">7 CF 10</div>		
15. Audit Verification		16. DARM Authorization		17. Disposition				
15.A Auditor's Signature 		16.A Authorization Date 12-22-10	16.B Authorization Number 77-256	__ Shred __ Recycle __ Transfer to Archives __ Other _____				
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