GOVERNMENT	RECO	DRDS	SEC	TION
REC	ORDS	ANAL	YSIS	UNIT
SERIES ID:				

archives.ncdcr.gov

4615 Mail Service Center, Raleigh, NC 27699

919-814-6900

## **Certification of the Preparation of Records for Microfilming**

Name of the County, Municipality, or Other Public Body that Produced These Records				
(i.e. City of Raleigh, Martin County, Triangle J Council of Governments, etc.)				
Name of the Board, Council, Department, or Agency:				
(i.e. City Council, Board of Commissioners, ABC Commission	, Board of Delegates)			
Name of Staff Contact				
Talanhana	Email			
Telephone	EMdii			
Billing Address				
3				
Items Received:				
☐ Minutes ☐	Attachments or Exhibits			
☐ Ordinances ☐	☐ Indexes			
☐ Resolutions ☐	Other:			
Original Record or Copy				
Exact First and Last Dates of the Records				
Volume and Page Numbers Included				
volume and Page Numbers included				
The last volume is complete:		□Yes □ No		
Do you want to purchase a copy of the film, at an	additional charge?	□Yes □ No		
Do you want to purchase a CD of the images, at ar	n additional charge?	□Yes □ No		
Do you want to be informed when this shipment is	received?	□Yes □ No		

OVER



GOVERNMENT	RECO	DRDS	SEC.	TION
REC	ORDS	<b>ANAL</b>	YSIS	UNIT
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## **Certification of the Preparation of Records for Microfilming**

records according to the rule	records for accuracy and completeness. es of the Government Records Section o understand that the records will be filme	f the Department of Natural
$\square$ We have boxed or bound ensure they will remain toget	(binder clips or rubber bands acceptabl her.	e for copies) our records to
$\square$ We understand that minut an annual basis or as a comp	es should only be submitted to the Gov lete volume.	ernment Records Section on
$\square$ We understand that if ther these must be described in a	re are any irregularities (i.e. missing minu separate letter.	utes, infrequent meetings),
$\square$ We understand that there	e will be a charge for each new reel of	film used for our records.
Signature of Staff Contact		Date
Printed Name of RAU Staff	Signature of RAU Staff	Date
For Completion	on After Original Minutes Have	Been Returned
Printed Name of Staff Contact	Signature of Staff Contact	 Date
Printed Name of RAU Staff	Signature of RAU Staff	Date
	For Office Use Only:	
Records Transferred to Raleigh: Initial Transfer Completed in AXAEM:		
Microfilming Ordered in AXAEM:	Records Returned to RA	U: