

Certification of the Preparation of Minutes for Microfilming

Name of the County, Municipality, or Other Public Body That Produced These Records
(e.g., City of Raleigh, Martin County, Triangle J Council of Governments)

Name of the Board, Council, Department, or Agency
(e.g., City Council, Board of Commissioners, ABC Commission, Board of Delegates)

Name of Staff Contact

Telephone Number

Email

Billing Address

Items Received (check all that apply)

Minutes

Ordinances

Resolutions

Attachments or Exhibits

Indexes

Other: _____

Original Record or Copy

Exact First and Last Dates of the Records
(e.g., 01/15/2024 – 12/10/2024)

Volume and Page Numbers Included (optional)
(e.g., Vol. 15, Pg. 1-560; Book 4; Pg. 1224-5600)

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 an additional charge?

Yes

No

Do you want to be informed when this shipment is received?

Yes

No

OVER

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- We have examined these records for accuracy and completeness. We have prepared these records according to the rules of the Government Records Section of the Department of Natural and Cultural Resources. We understand the records will be filmed in the order we have submitted them.

- We have boxed or bound (binder clips or rubber bands acceptable for copies) our records to ensure they remain together.

- We understand that there 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 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

Date the Records are Transferred to Raleigh: _____ Date the Initial Transfer is completed in AXAEM: _____

Date the Microfilming is ordered in AXAEM: _____ Date the Records are Transferred to Imaging Unit: _____

Acknowledgement of Return of Original Minutes to RAU

Imaging Unit staff and RAU staff must both sign this acknowledgement at the time the records are returned to RAU.

Printed Name of Imaging Unit Staff Signature of Imaging Unit Staff Date

Printed Name of RAU Staff Signature of RAU Staff Date