

RESOLUTION NO. R23-33

**A RESOLUTION OF THE CITY COUNCIL APPROVING AND AUTHORIZING
THE DISPOSAL OF CITY OF LAUREL RECORDS.**

WHEREAS, the City of Laurel (hereinafter “the City”) previously set the retention schedules for City records, pursuant to Schedule 8 of the Montana State Local Government Records Committee, Municipal Records Schedule;

WHEREAS, certain City records constitute records that can be destroyed that are both over ten years old (RM60) and less than ten years old (RM88), and such records have been identified as ready for disposal as provided on the attached retention schedules; and

WHEREAS, the adopted procedure to dispose of said records requires City of Laurel City Council approval.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Laurel, Montana, that the City Council has reviewed the attached listing of records for disposal and hereby directs the Clerk-Treasurer to proceed with the disposal of said records.

Introduced at a regular meeting of the City Council on the 23rd day of May, 2023, by Council Member Eaton

PASSED and APPROVED by the City Council of the City of Laurel the 23rd day of May, 2023.

APPROVED by the Mayor the 23rd day of May, 2023.



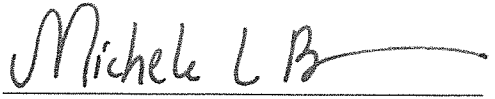
CITY OF LAUREL

Heidi Sparks for
Dave Waggoner, Mayor

ATTEST:

Kelly Strecker
Kelly Strecker, Clerk-Treasurer

APPROVED AS TO FORM:

A handwritten signature in black ink that reads "Michele L. Braukmann". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Michele L. Braukmann, Civil City Attorney

| | |
|--|--|
| RECORDS DESTRUCTION DOCUMENT (RM88) | NO. PAGE OF PAGES |
|--|--|


| | |
|---|---|
| 1. AGENCY NAME AND DIVISION/PROGRAM: City of Laurel | 2. AGENCY CONTACT: NAME: Kelly Strecker PHONE #: 406-628-7431 EMAIL:kstrecker@laurel.mt.gov |
|---|---|

3. **NOTICE OF INTENTION:** The schedule records listed in Item 5 are to be disposed of in the manner checked below (specify only one).

Delete Incinerate Shred as Classified Toss without Restriction

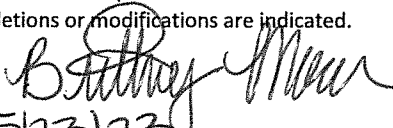
 Other: Explain

4. **SUBMITTED BY:** I hereby certify that the records to be disposed of are correctly represented below, that any audit requirements or **Offer to the State Historical Society Archives** has been fully justified, and that further retention is not required for any litigation pending or imminent. Documentation attached from Historical Society.

SIGNATURE: 
 NAME AND TITLE: Kelly Strecker - Clerk/Treasurer
 DATE: 05/23/2023

5. LIST OF RECORD SERIES
NOTE: Attach any inventories or Excel spreadsheets to this form to help validate records destroyed.

| a. Retention Schedule Number | b. Item number listed on Retention Schedule | c. Record Series Title | d. Retention in months/years | e. Inclusive Dates | f. Volume in Cubic Feet | g. Disposition Action and Date completed after Authorization |
|---------------------------------------|--|--|------------------------------------|--------------------------|-------------------------------|--|
| 8 | 3 PG 52 | 1099's | 4 years | 6/2023-2014 | .25 | |
| 8 | 13 PG 77 | Payroll Quarterly Reports (Confidential) | 4 years | 6/2023-2015 | 1 | |
| 8 | 4 PG 54 | Monthly Tax Distributions | 5 years | 06/2013-12/2013 | .25 | |
| 8 | 7 PG 10 | Dog Licenses | 3 years | 2015-2017 | .25 | |
| 8 | 4 PG 45 | Daily Cash Reconciliation Water Office | 5 years | 06/2013-2015 | 2 | |
| 8 | 5 PG 46 | Purchase Order Book | 5 years | 06/2013-12/2013 | .25 | |
| 8 | 1 PG 48 | A/R Activity Report Ambulance (Confidential) | 5 years | 06/2013-2015 | 1 | |
| 8 | 5 PG 24 | Claims Detail | 5 years | FY 13-FY16 | 2 | |

| | |
|---|--|
| 6. DISPOSAL AUTHORIZATION: Disposal for the above listed records is authorized. Any deletions or modifications are indicated. Custodian/Records Manager  Name: Date: 5/23/23 Signature: | 7. DISPOSAL CERTIFICATE: The above listed records have been disposed of in the manner and on the date shown in column g. Name and Title: Signature: |
|---|--|

| | |
|--|--|
| | |
|--|--|

5. LIST OF RECORD SERIES-CONTINUED

NOTE: Attach any inventories or Excel spreadsheets to this form to help validate records destroyed.

| a. Retention Schedule Number | b. Item number listed on Retention Schedule | c. Record Series Title | d. Retention in months/years | e. Inclusive Dates | f. Volume in Cubic Feet | g. Disposition Action and Date completed after Authorization |
|---------------------------------------|--|--|------------------------------------|--------------------------|-------------------------------|--|
| 8 | 3 PG 48 | Accounts Receivable Trial Balance Monthly Reports | 5 years | FY13-FY14 | 1 | |
| 8 | 4 PG 21 | Commission/Council Meetings: Sound Recordings and/or Video Recordings | 1 year | 2017- 2021 | 0 | |
| 8 | 30 PG 68 | Time Cards/Time Sheets | 3 years | 2013- 6/2020 | 5 | |
| 8 | 2 PG 109 | Landfill Daily Logs | 1 year | FY 17, 18, 19, 20, 21 | 1 | |
| 8 | 1b PG 125 | Customer Files - Utility Billing Adjustments | 3 years | 7/17- 6/2020 | 1 | |
| 8 | 3b PG 19 | City/County Planning Board Agendas | 2 years | 06/2013- 2014 | .25 | |
| 8 | 1a PG 21 | Council Workshop Agenda | 2 years | 06/2013- 2020 | .25 | |
| 8 | 1a PG 21 | City Council Agendas | 2 years | 06/2013- 2020 | .25 | |
| 8 | 3b PG 19 | Cemetery Agendas | 2 years | 06/2013- 2018 | .25 | |
| 8 | 3b PG 19 | Park Agendas | 2 years | 06/2013- 2017 | .25 | |
| 8 | 3b PG 19 | Airport Authority Agendas | 2 years | 06/2013- 2018 | .25 | |
| 8 | 3b PG 19 | LURA Agendas | 2 years | 06/2013- 2018 | .25 | |
| 8 | 3b PG 19 | Emergency Services Committee Agendas | 2 years | 06/2013- 2018 | .25 | |
| 8 | 3b PG 19 | Insurance Committee Agendas | 2 years | 2016 | .1 | |
| 8 | 3b PG 19 | Public Works Committee Agendas | 2 years | 06/2013- 2018 | .25 | |
| 8 | 3b PG 19 | Tree Board Agendas | 2 years | 2015- 2018 | .25 | |
| 8 | 3b PG 19 | City/County/School District Joint Meeting Agendas | 2 years | 06/2013- 12/2013 | .25 | |
| | | | | | | |
| | | | | | | |

Request for Records Disposal or Transfer Authorization

RM60

| | | |
|-----------------------------------|----------------------------|---------------------------------------|
| ENTITY: City of Laurel | PHONE: 406-628-7431 | E-MAIL: ksrecker@laurel.mt.gov |
| CONTACT: Kelly Strecker | | |
| ADDRESS: 115 W. 1st Street | DISPOSAL NUMBER: | |

E-MAIL COMPLETED FORM TO: SOSLocalGovtRecCom@mt.gov OR Mail to the Local Government Records Committee, c/o Department of Administration-Local Government Services, P.O. Box 200547, Helena, MT 59620-0547

***Confidential:** The local government entity must determine if records are confidential or sensitive and mark accordingly.

| Schedule # | Item # | Page # | Description of Records (Include description from schedule along with the case # or other identifying information pertinent to your office) | Inclusive Dates | | * Confidential | Disposal Approval (Committee only) | | Agency Comments | Audit History or Committee Comments |
|------------|--------|--------|---|-----------------|---------|-------------------------------------|------------------------------------|--------------------------|-----------------|-------------------------------------|
| | | | | MONTH AND YEAR | To | | Yes | No | | |
| 4 | 4 | | Example: Bank Statements | 10/2001 | 10/2002 | X | X | | | |
| 8 | 32 | MR13 | Example: Commission Records-Minutes | 01/1950 | 10/1990 | X | X | | Microfilmed | |
| 12 | 41e | | Example: Marriage Licenses | 08/1907 | 09/1972 | X | X | | | |
| 8 | 3 | 52 | 1099's | 1992 | 5/2013 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 1 | 45 | Bank Statements | 1/2011 | 12/2012 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 4 | 54 | Monthly Tax Distributions | 1/2010 | 05/2013 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 13 | 77 | Payroll Quarterly Reports | 1/2010 | 5/2023 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 4 | 45 | Daily Cash Reconciliation Water Office | 1/2011 | 05/2013 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 5 | 46 | Purchase Order Books | 1/2010 | 05/2013 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 1 | 48 | A/R Activity Report Ambulance (Confidential) | 1/2010 | 5/2013 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 5 | 24 | Claims Detail | 07/2011 | 06/2013 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 3 | 48 | Accounts Receivable Trail Balance Monthly Report | 07/2011 | 06/2013 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 3b | 19 | City/County Planning Board Agendas | 01/2007 | 05/2023 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 1a | 21 | Council Workshop Agendas | 01/2002 | 05/2013 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 1a | 21 | City Council Agendas | 01/1998 | 05/2013 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

In accordance with 2-6-1202, 7-5-2132, 7-5-4124 and 20-1-212 and upon the order of the governing body, we the undersigned affirm the records listed on this disposal request are not subject to any litigation, legal or regulatory hold, and any financial records listed have been audited. See Notification on Central Registry (Ten Year Rule) below. Typed name below is acceptable as the signature.

Authorized Local Government Representative:
Name: Kelly Specker
Title: Clerk/Treasurer
Date: 5/23/2023
Phone: 406-628-7431

Records Custodian:
Name: Patricia Muen
Title: Council Administrative Assistant
Date: 5/23/23
Phone: 406-628-7428

LOCAL GOVERNMENT SUBCOMMITTEE SIGNATURES REQUIRED FOR DISPOSAL APPROVAL

Department of Administration Committee Member:
Name:
Signature:
Date:

Montana Historical Society Committee Member:
Name:
Signature:
Date:

Local Government Committee Member:
Name:
Signature:
Date:

NOTIFICATION ON CENTRAL REGISTRY

Per MCA 2-6-1205, public records listed on this form that more than ten (10) years old and are approved for disposal may not be destroyed until they have been listed on a central registry and offered to various agencies and the public for 60 days.

Request for Records Disposal or Transfer Authorization have been listed on the central registry.
Completed by
Name: _____ **Signature:** _____
Unclaimed records may be disposed 60 days after this date:

TEN YEAR RULE:

Public records more than ten (10) years old approved for destruction may not be destroyed for 60 days after the date listed on the central registry.

Certificate of Transfer/Destruction/Disposition Comments

I hereby attest that I have destroyed, transferred or retained records as designated by the Local Government Subcommittee. If transferred, I have noted in the "Comments" field above, the entity to which the records have been relocated.
Name: _____ **Title:** _____
Signature: _____ **Date:** _____

In accordance with 2-6-1202, 7-5-2132, 7-5-4124 and 20-1-212 and upon the order of the governing body, we the undersigned affirm the records listed on this disposal request are not subject to any litigation, legal or regulatory hold, and any financial records listed have been audited. See Notification on Central Registry (Ten Year Rule) below. Typed name below is acceptable as the signature.

Authorized Local Government Representative:
 Name: *Paddy Frecker* Date: *5/23/2023* Phone: *406-628-7431 ex 5100*
 Title: *Clerk/Treasurer*

Records Custodian:
 Name: *Bethany Munn* Date: *5/23/23* Phone: *406-628-7431*
 Title: *Council Administrative Assistant*

LOCAL GOVERNMENT SUBCOMMITTEE SIGNATURES REQUIRED FOR DISPOSAL APPROVAL

Department of Administration Committee Member:
 Name: _____ Date: _____
 Signature: _____

Montana Historical Society Committee Member:
 Name: _____ Date: _____
 Signature: _____

Local Government Committee Member:
 Name: _____ Date: _____
 Signature: _____

NOTIFICATION ON CENTRAL REGISTRY

Per MCA 2-6-1205, public records listed on this form that more than ten (10) years old and are approved for disposal may not be destroyed until they have been listed on a central registry and offered to various agencies and the public for 60 days.
 Request for Records Disposal or Transfer Authorization have been listed on the central registry. Unclaimed records may be disposed 60 days after this date:
 Completed by _____ Signature: _____

TEN YEAR RULE:
 Public records more than ten (10) years old approved for destruction may not be destroyed for 60 days after the date listed on the central registry.
Certificate of Transfer/Destruction/Disposition Comments

I hereby attest that I have destroyed, transferred or retained records as designated by the Local Government Subcommittee. If transferred, I have noted in the "Comments" field above, the entity to which the records have been relocated.
 Name: _____ Title: _____
 Signature: _____ Date: _____