



CERTIFICATE OF FILES/DOCUMENTS DESTRUCTION

(complete applicable portions of this form)

I, acting on behalf of the National Office of Concerns of Police Survivors, hereby certify that the following files(s)/record(s) were destroyed according to the C.O.P.S. Document Retention Policy (DRP), National SOP 15.0.

Collection/Record/Group:

Record Category (correspondence, grants, etc.):

Format (paper, electronic mail, etc.):

Record(s) Date or Date Range (date created/date destroyed):

Type of media, or, if hard drive, enter serial #:

Method of Disposal: *Note: unless otherwise granted, all disposal is to be by shredding.*

Location of Disposal:

Date of Disposal:

Signature:

Date:

Printed Name:

Title:

Authorized by: _____ Date: _____
(Signature)

_____ Title: _____
(Printed Name)