

**TOWN OF MOULTONBORO – MUNICIPAL RECORDS BOARD  
RECORDS DESTRUCTION AUTHORIZATION FORM**

Person Making Request: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following original record listed is authorized to be destroyed in accordance with the Disposition and Retention Schedule as set forth by NH RSA 33-A.

RECORD CONTENT DESCRIPTION	RSA 33-A:3-a LINE #	RETENTION PERIOD	DATE OF RECORDS

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Approved by Municipal Records Board: \_\_\_\_\_

Signature – Chair Municipal Records Board: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

To be completed by personnel who carried out the disposition once authorized by the Board.

Disposition Method	Disposition Date

Remarks: \_\_\_\_\_  
\_\_\_\_\_

By signing this form, I hereby swear that I have disposed of the above listed records with the method of disposition and date described on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to the Town Clerk's office upon completion.

12/2022

SECTION 1

SECTION 2

SECTION 3