

NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i> REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS		AGENCY NAME: ADDRESS: TELEPHONE NO:	
DATE:		TELEPHONE NO:	
GRDS/ RDS ITEM NO.	RECORDS SERIES TITLES AND DESCRIPTION	PERIOD COVERED	RETENTION PERIOD AND PROVISION/S COMPLIED (if any)
LOCATION OF RECORDS:		VOLUME IN CUBIC METER:	
PREPARED BY: (Name and Signature)		POSITION:	
CERTIFIED AND APPROVED BY: <p style="text-align: center;">This is certify that the above mentioned records are no longer needed and not involved nor connected in any administrative or judicial cases.</p> <p style="text-align: right; margin-right: 100px;">_____ <i>Name and Signature of Agency Head or Duly Authorized Representative</i></p>			
QCG - CGSD - RMCD Adopted NAP Form for the Disposal of the City Valueless, Unnecessary Records under a Coordinated - Decentralized System in Pursuance of Republic Act 7160			