

CITY OF ANNAPOLIS RECORDS RETENTION AND DISPOSAL SCHEDULE		Schedule No. M-119
	PUBLIC WORKS	Division: ADMINISTRATION
Item No.	Description	Retention
1.	General Correspondence Original incoming letters, copies of outgoing letters, memoranda, studies, reports, directives, policies, and other materials related to the administration of the agency.	Screen annually and destroy the material that is no longer needed for current business. Retain permanently any material that serves to document the origin, development, and accomplishments of the office. Transfer periodically to the Maryland State Archives.
2.	Grants Correspondence, agreements, etc. related to grants.	Retain for life of the grant, plus three years and audit requirements, if any, met.
3.	Capital Improvement Projects Correspondence, plans, specifications, etc.	Retain for two years after completion, then destroy.
4.	Port Wardens Minutes and findings.	Permanent. Transfer periodically to the Maryland State Archives.

<i>David L. Smith</i>	<i>3-1-00</i>
Department Director	Date
<i>P. Bumba</i>	<i>3/10/00</i>
City Clerk	Date
<i>Edward C. Saperstein</i>	<i>APR 27 2000 APR 27 2000</i>
Schedule Approved by State Archivist	Date

CITY OF ANNAPOLIS RECORDS RETENTION AND DISPOSAL SCHEDULE		Schedule No. M-119
	PUBLIC WORKS	Division: ADMINISTRATION
Item No.	Description	Retention
5.	Building Board of Appeals Minutes and findings.	Permanent. Transfer periodically to the Maryland State Archives.
6.	Environmental Commission Minutes.	Permanent. Transfer periodically to the Maryland State Archives.
7.	Storm Water Management Correspondence, plans, specifications.	Retain for two years, then destroy.
8.	Fuel Report Correspondence, computer print-out, forms.	Retain for two years after audit, then destroy
9.	Time Cards/Leave Slips Time cards punched by time clock for hourly employees and leave slips.	Retain for two years, then destroy.

Instructions - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		RECORDS INVENTORY	
				PAGE _____ OF _____	
1. Department <i>PUBLIC WORKS</i>		2. Division <i>ADM.</i>		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>GENERAL CORRESPONDENCE</i>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>CORRESPONDENCE SENT AND RECEIVED</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <p style="text-align: right;"><u>Number</u></p> <input checked="" type="checkbox"/> File Drawer(s) <i>5</i> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <i>STORAGE BOX - 20</i>	
				10. Annual Accumulation <p style="text-align: right;"><u>Number</u></p> <input checked="" type="checkbox"/> File Drawer(s) <i>1</i> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <i>2</i> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room) <i>RM 201 / BSMT STORAGE</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>READER FILE OR SENDER</i>		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>3 YR</i>		
19. Name and Title of Preparer <i>D. SMITH</i>					
20. Telephone Number				21. Date <i>9-27-96 / 6-7-99</i>	

Instructions - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		RECORDS INVENTORY											
				PAGE _____ OF _____											
1. Department <i>PUBLIC WORKS</i>		2. Division <i>ADM.</i>		3. Unit											
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.															
4. Record Series Title <i>EMPLOYEE LEAVE SLIPS</i>				5. Earliest Year/Latest Year <i>1995</i> to <i>1996</i>											
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>EMPLOYEE SIGNED LEAVE SLIPS</i>															
7. Record Series Format(s) <input type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (Specify) <i>7x9 1/2</i>		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <table border="0"> <tr> <td></td> <td style="text-align: right;"><u>Number</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> File Drawer(s) <i>7x9 1/2</i></td> <td style="text-align: right;"><i>2</i></td> </tr> <tr> <td><input type="checkbox"/> Microfilm Reel(s)</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Computer Tape(s)</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other (Specify)</td> <td>_____</td> </tr> </table>			<u>Number</u>	<input checked="" type="checkbox"/> File Drawer(s) <i>7x9 1/2</i>	<i>2</i>	<input type="checkbox"/> Microfilm Reel(s)	_____	<input type="checkbox"/> Computer Tape(s)	_____	<input type="checkbox"/> Other (Specify)	_____
	<u>Number</u>														
<input checked="" type="checkbox"/> File Drawer(s) <i>7x9 1/2</i>	<i>2</i>														
<input type="checkbox"/> Microfilm Reel(s)	_____														
<input type="checkbox"/> Computer Tape(s)	_____														
<input type="checkbox"/> Other (Specify)	_____														
				10. Annual Accumulation <table border="0"> <tr> <td></td> <td style="text-align: right;"><u>Number</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> File Drawer(s) <i>7x9 1/2</i></td> <td style="text-align: right;"><i>2</i></td> </tr> <tr> <td><input type="checkbox"/> Microfilm Reel(s)</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Computer Tape(s)</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other (Specify)</td> <td>_____</td> </tr> </table>			<u>Number</u>	<input checked="" type="checkbox"/> File Drawer(s) <i>7x9 1/2</i>	<i>2</i>	<input type="checkbox"/> Microfilm Reel(s)	_____	<input type="checkbox"/> Computer Tape(s)	_____	<input type="checkbox"/> Other (Specify)	_____
	<u>Number</u>														
<input checked="" type="checkbox"/> File Drawer(s) <i>7x9 1/2</i>	<i>2</i>														
<input type="checkbox"/> Microfilm Reel(s)	_____														
<input type="checkbox"/> Computer Tape(s)	_____														
<input type="checkbox"/> Other (Specify)	_____														
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <table border="0"> <tr> <td><u>1</u></td> <td><input type="checkbox"/> Month(s)</td> <td><input checked="" type="checkbox"/> Year(s)</td> </tr> <tr> <td>Number</td> <td colspan="2"><i>THEN FILED IN PERSONNEL FILE</i></td> </tr> </table>			<u>1</u>	<input type="checkbox"/> Month(s)	<input checked="" type="checkbox"/> Year(s)	Number	<i>THEN FILED IN PERSONNEL FILE</i>					
<u>1</u>	<input type="checkbox"/> Month(s)	<input checked="" type="checkbox"/> Year(s)													
Number	<i>THEN FILED IN PERSONNEL FILE</i>														
13. Current Location(s) (Bldg. Floor, Room) <i>RM 201</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes												
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent												
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>1 YR</i>												
19. Name and Title of Preparer <i>D. SMITH</i>															
20. Telephone Number				21. Date <i>9-27-96/6-7-99</i>											

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				PAGE _____ OF _____	
1. Department <i>PUBLIC WORKS</i>		2. Division <i>ADM.</i>		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>GRANTS</i>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>CORRESPONDENCE, AGREEMENTS, ETC. RELATED TO GRANTS</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <u>Number</u> <input checked="" type="checkbox"/> File Drawer(s) <i>1/2</i> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation <u>Number</u> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <i>AUDIT</i> _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor. Room) <i>RM 201</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>WORKING FILE OF COORDINATOR</i>		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State ^{OR} <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>3 YRS AFTER AUDIT</i>		
19. Name and Title of Preparer <i>D. SMITH</i>					
20. Telephone Number				21. Date <i>9-27-96/6-7-97</i>	

Instructions - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		RECORDS INVENTORY	
				PAGE _____ OF _____	
1. Department <i>PUBLIC WORKS</i>		2. Division <i>ADM.</i>		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>CAPITAL IMPROVEMENT PROJECTS</i>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>CORRESPONDENCE, PLANS, SPECS, ETC.</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <p style="text-align: right;"><u>Number</u></p> <input checked="" type="checkbox"/> File Drawer(s) <i>4 1/2</i> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <i>STORAGE BOX - 34</i>	
				10. Annual Accumulation <p style="text-align: right;"><u>Number</u></p> <input checked="" type="checkbox"/> File Drawer(s) <i>1</i> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <i>2</i> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number <i>AFTER COMPLETION</i>		
13. Current Location(s) (Bldg. Floor. Room) <i>RM 201 BSMT STORAGE AREA</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - <i>PARTIAL - READER FILE</i>		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>2 YRS AFTER COMPLETION</i>		
19. Name and Title of Preparer <i>D. SMITH</i>					
20. Telephone Number				21. Date <i>9-27-96/6-7-99</i>	

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				PAGE _____ OF _____	
1. Department <i>PUBLIC WORKS</i>		2. Division <i>ADM.</i>		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>PORT WARDENS</i>				5. Earliest Year/Latest Year <i>1988</i> to <i>1996</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>CO RESPONSE, MEMOS, APPLICATIONS</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <div style="text-align: right;">Number</div> <input checked="" type="checkbox"/> File Drawer(s) <i>4</i> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <i>STORAGE</i> <i>BOX - 3</i>	
				10. Annual Accumulation <div style="text-align: right;">Number</div> <input checked="" type="checkbox"/> File Drawer(s) <i>1</i> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			12. File Becomes Inactive After <i>1</i> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor. Room) <i>RM 201/BSMT STORAGE AREA</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>3 YR.</i>		
19. Name and Title of Preparer <i>D. SMITH</i>					
20. Telephone Number				21. Date <i>9-27-96/6-7-97</i>	

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				PAGE _____ OF _____	
1. Department <i>PUBLIC WORKS</i>		2. Division <i>AOM.</i>		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>ENVIRONMENTAL COMMISSION</i>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>CORRESPONDENCE, MEMORANDUMS</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>1</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <u>STORAGE BOX - 1</u>	
				10. Annual Accumulation <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>1/2</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			12. File Becomes Inactive After <u>1</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor. Room) <i>RM 201/BSMT STORAGE AREA</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>2 YR.</i>		
19. Name and Title of Preparer <i>D. SMITH</i>					
20. Telephone Number				21. Date <i>9-27-94/6-2-99</i>	

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1. Department <i>PUBLIC WORKS</i>		2. Division <i>ADM.</i>		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>STORMWATER MANAGEMENT</i>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>CORRESPONDENCE, PLANS, SPECS</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (Specify) <i>PLANS</i>		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <p style="text-align: right;"><u>Number</u></p> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <i>STORAGE BOX - 2</i>	
				10. Annual Accumulation <p style="text-align: right;"><u>Number</u></p> <input checked="" type="checkbox"/> File Drawer(s) <i>1</i> _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			12. File Becomes Inactive After <i>1</i> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor. Room) <i>RM 201/BSMT STORAGE AREA</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>2 YR</i>		
19. Name and Title of Preparer <i>D. SMITH</i>					
20. Telephone Number				21. Date <i>9-27-96/6-7-99</i>	

Instructions - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		RECORDS INVENTORY PAGE _____ OF _____	
1. Department PUBLIC WORKS		2. Division ADM.		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title CALVERT & NORTHWEST ST.				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) GENERAL CORRESPONDENCE					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume _____ Number <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) STORAGE BOX 1	
				10. Annual Accumulation - NONE _____ Number <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg. Floor, Room) BSMT STORAGE AREA			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention 2 YR.		
19. Name and Title of Preparer D. SMITH					
20. Telephone Number				21. Date 9-27-96/6-7-99	

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				PAGE _____ OF _____	
1. Department <i>PUBLIC WORKS</i>		2. Division <i>ADM.</i>		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>LANDFILL</i>				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>GENERAL CORRESPONDENCE</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <p style="text-align: right;"><u>Number</u></p> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <i>STORAGE BOX - 1</i>	
				10. Annual Accumulation - <i>NONE</i> <p style="text-align: right;"><u>Number</u></p> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <i>1</i> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room) <i>BSMT STORAGE AREA</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>3 YR.</i>		
19. Name and Title of Preparer <i>D. SMITH</i>					
20. Telephone Number				21. Date <i>9-27-96/6-7-99</i>	

Instructions - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		RECORDS INVENTORY	
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1. Department <i>PUBLIC WORKS</i>		2. Division <i>ADM.</i>		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>BLDG. BOARD OF APPEALS</i>				5. Earliest Year/Latest Year <i>1990</i> to <i>1996</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>CORRESPONDENCE, MEMOS, ETC</i>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <p style="text-align: right;"><u>Number</u></p> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <i>STORAGE BOX - 1</i>	
				10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <i>14</i> <u>Number</u> _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <i>1</i> <u>Number</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg. Floor, Room) <i>BSMT STORAGE AREA</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>3 YR</i>		
19. Name and Title of Preparer <i>D. SMITH</i>					
20. Telephone Number				21. Date <i>9-27-96/6-7-99</i>	

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DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title FUEL REPORT				5. Earliest Year/Latest Year 1989 to 1996	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) CORRESPONDENCE, COMPUTER PRINT-OUT, FORMS					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume Number <input checked="" type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) STORAGE BOX - 3	
				10. Annual Accumulation Number <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After _____ / _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg. Floor, Room) RM 201/BSMT STORAGE AREA			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention 2 YR AFTER AUDIT		
19. Name and Title of Preparer D. SMITH					
20. Telephone Number				21. Date 9-27-96/6-7-99	

Instructions - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		RECORDS INVENTORY PAGE _____ OF _____	
1. Department PUBLIC WORKS		2. Division ADM		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title WASTEWATER TREATMENT PLANT				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) CO RESPONSE					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <u>Number</u> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) STORAGE BOX - 1	
				10. Annual Accumulation <u>Number</u> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <u>1</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor. Room) BSMT STORAGE AREA			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention 3 YR		
19. Name and Title of Preparer D. SMITH					
20. Telephone Number				21. Date 9-27-96/6-7-99	

Instructions - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		RECORDS INVENTORY	
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1. Department PUBLIC WORKS		2. Division ADM.		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title TIME CARDS				5. Earliest Year/Latest Year 1988 to 1996	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) TIME CARDS PUNCHED BY TIME CLOCK FOR HOURLY EMPLOYEES					
7. Record Series Format(s) <input type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (Specify) 4x10		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume Number <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) STORAGE BOX - 9	
				10. Annual Accumulation Number <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) STORAGE BOX - 1	
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg. Floor. Room) RM 201/BSMT STORAGE AREA			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention 2 YR		
19. Name and Title of Preparer D. SMITH					
20. Telephone Number				21. Date 9-27-96/6-7-99	

Instructions - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program		RECORDS INVENTORY	
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1. Department PUBLIC WORKS		2. Division ADM.		3. Unit	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title ENG & CONST. CORRESPONDENCE				5. Earliest Year/Latest Year _____ to _____	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) GENERAL CORRESPONDENCE					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume <u>Number</u> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) STORAGE BOX - 3	
				10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) $\frac{1}{2}$ <u>Number</u> _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <u>1</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room) BSMT STORAGE AREA			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention 2 YR.		
19. Name and Title of Preparer D. SMITH					
20. Telephone Number				21. Date 9-27-96/6-7-99	