

RESOLUTION 21 - 4

**RESOLUTION GRANTING APPROVAL AND AUTHORIZATION
TO DISPOSE OF CERTAIN PUBLIC RECORDS OF
THE TOWNSHIP OF GREENE, PIKE COUNTY, PENNSYLVANIA**

Be it resolved and enacted that, at the regular meeting of the Board of Supervisors of Greene Township, Pike County, Pennsylvania on July, 7 of 2021 the township declares it's intent to follow the schedules and procedures for the disposition of records as set forth in the Municipal Records Manual approved on December 16, 2008; and,

WHEREAS, in accordance with Act 428 of 1968, each individual act of disposition shall be approved by resolution of the governing body of the municipality;

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Greene Township, Pike County, Pennsylvania, in accordance with the above-cited Municipal Records Manual, hereby authorizes the disposition of the following public records:

TAX COLLECTOR RECORDS/DOCUMENTS

RECORD TITLE	INCLUSIVE DATES	RETENTION PERIOD
Address Changes	2002-2018	2 years (page TA-3)
General & Special Tax Ledgers + Related Records	2002-2013	7 years (page TA-6)
Tax Bills, Paid Receipts	2016-2018	2 years (page TA-12)


DULY ADOPTED on this 7th day of July, 2021 by the Board of Supervisors of Greene Township, Pike County, Pennsylvania in a lawful session duly assembled.


Gary Carlton (Chairman)


Gerald A. Obert

Barry Krautter

Attested By:


Amanda Seagraves, Secretary

APPENDIX D

MUNICIPAL RECORDS DISPOSAL CERTIFICATION REQUEST

1. MUNICIPALITY <u>GREENE TWP</u>		11. QUANTITY <u>1</u> Total Cubic Feet No. of cartons <u>1</u> length _____ width _____ height _____ Of Average Carton No. of volumes _____ length _____ width _____ height _____ Of Average Volume No. of file drawers _____ <input type="checkbox"/> Legal <input type="checkbox"/> Letter <input type="checkbox"/> Woodruff <input type="checkbox"/> Other _____	
2. OFFICE OF ORIGIN <u>TAX COLLECTOR</u>		12. DESCRIPTION OF RECORD IF NOT ON SCHEDULE (Include type of information contained and purpose of records)	
3. ADDRESS <u>PO Box 383</u> <u>NEWFOUNDLAND, PA 18445</u>			
4. CONTACT PERSON <u>BARBARA GILPIN</u>	5. PHONE <u>570-676-9764</u>	13. HAVE RECORDS BEEN MICROFILMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size: 16 mm _____ 35 mm _____ Other _____ Form: Roll _____ Cartridge _____ Cassette _____ Fiche _____ Other _____ LOCATION OF SECURITY COPY _____ _____ _____	
6. APPROVAL REQUESTED FOR: <input checked="" type="checkbox"/> Records Destruction <input type="checkbox"/> Records Transfer to PHMC			
7. RECORD TITLE AND INCLUSIVE DATES (One series per form) <u>ADDRESS CHANGES 2002-2018</u>			
8. IS THIS THE PRIMARY COPY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF NO, OFFICE THAT HOLDS PRIMARY COPY _____			
9. RETENTION PERIOD IN SCHEDULE <u>2 YEARS</u> PAGE AND SECTION IN SCHEDULE <u>TA-3</u>		10. HAVE ALL AUDIT REQUIREMENTS BEEN MET? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
10. HAVE ALL AUDIT REQUIREMENTS BEEN MET? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			

14. THIS IS TO REQUEST AUTHORIZATION TO DISPOSE OF THE ABOVE MENTIONED RECORDS AS INDICATED IN BOX 6. THIS ALSO CERTIFIES THAT ANY SECURITY MICROFILM GENERATED FROM THE RECORDS LISTED ON THIS REQUEST MEET THE MICROGRAPHICS STANDARDS APPROVED BY THE LOCAL GOVERNMENT RECORDS COMMITTEE.

SIGNATURE OF MUNICIPAL OFFICER	TITLE	DATE
--------------------------------	-------	------

FOR PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION USE ONLY

APPROVAL IS GIVEN FOR: Destruction Destruction as Amended Transfer to PHMC
 Disapproved

COMMENTS/AMENDMENTS:

SIGNATURE	TITLE	DATE
-----------	-------	------

PREPARE IN TRIPLICATE, SEND THE ORIGINAL AND ONE COPY TO THE PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION,
 BUREAU OF ARCHIVES AND HISTORY, 350 NORTH STREET, HARRISBURG, PA 17120-0090
 (717) 787-3913 or 783-9874 or RA-LocalGovernment @state.pa.us

APPENDIX D

MUNICIPAL RECORDS DISPOSAL CERTIFICATION REQUEST

<p>1. MUNICIPALITY GREENE TWP</p>	<p>11. QUANTITY <u>11</u> Total Cubic Feet No. of cartons <u>11</u> length _____ width _____ height _____ Of Average Carton No. of volumes _____ length _____ width _____ height _____ Of Average Volume No. of file drawers _____ <input type="checkbox"/> Legal <input type="checkbox"/> Letter <input type="checkbox"/> Woodruff <input type="checkbox"/> Other _____</p>
<p>2. OFFICE OF ORIGIN TAX COLLECTOR</p>	<p>12. DESCRIPTION OF RECORD IF NOT ON SCHEDULE (Include type of information contained and purpose of records)</p>
<p>3. ADDRESS PO Box 383 NEWFOUNDLAND, PA 18445</p>	
<p>4. CONTACT PERSON 570 BARBARA GILPIN</p>	<p>5. PHONE 570-676-9764</p>
<p>6. APPROVAL REQUESTED FOR: <input checked="" type="checkbox"/> Records Destruction <input type="checkbox"/> Records Transfer to PHMC</p>	
<p>7. RECORD TITLE AND INCLUSIVE DATES (One series per form) GENERAL + SPECIAL TAX LEDGERS + RELATED RECORDS 2002-2013</p>	
<p>8. IS THIS THE PRIMARY COPY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF NO, OFFICE THAT HOLDS PRIMARY COPY PIKE CO. TAX ADMINISTRATION</p>	
<p>9. RETENTION PERIOD IN SCHEDULE <u>7 YEARS</u> PAGE AND SECTION IN SCHEDULE <u>TA-6</u></p>	
<p>10. HAVE ALL AUDIT REQUIREMENTS BEEN MET? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
<p>13. HAVE RECORDS BEEN MICROFILMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size: 16 mm _____ 35 mm _____ Other _____ Form: Roll _____ Cartridge _____ Cassette _____ Fiche _____ Other _____</p>	
<p>LOCATION OF SECURITY COPY _____ _____ _____</p>	

14. THIS IS TO REQUEST AUTHORIZATION TO DISPOSE OF THE ABOVE MENTIONED RECORDS AS INDICATED IN BOX 6. THIS ALSO CERTIFIES THAT ANY SECURITY MICROFILM GENERATED FROM THE RECORDS LISTED ON THIS REQUEST MEET THE MICROGRAPHICS STANDARDS APPROVED BY THE LOCAL GOVERNMENT RECORDS COMMITTEE.

SIGNATURE OF MUNICIPAL OFFICER

TITLE

DATE

FOR PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION USE ONLY

APPROVAL IS GIVEN FOR: Destruction Destruction as Amended Transfer to PHMC
 Disapproved

COMMENTS/AMENDMENTS:

SIGNATURE

TITLE

DATE

PREPARE IN TRIPLICATE, SEND THE ORIGINAL AND ONE COPY TO THE PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION,
 BUREAU OF ARCHIVES AND HISTORY, 350 NORTH STREET, HARRISBURG, PA 17120-0090
 (717) 787-3913 or 783-9874 or RA-LocalGovernment @state.pa.us

APPENDIX D MUNICIPAL RECORDS DISPOSAL CERTIFICATION REQUEST

1. MUNICIPALITY <u>GREENE TWP.</u>		11. QUANTITY <u>2</u> Total Cubic Feet No. of cartons <u>4</u> length _____ width _____ height _____ Of Average Carton No. of volumes _____ length _____ width _____ height _____ Of Average Volume No. of file drawers _____ <input type="checkbox"/> Legal <input type="checkbox"/> Letter <input type="checkbox"/> Woodruff <input type="checkbox"/> Other _____	
2. OFFICE OF ORIGIN <u>TAX COLLECTOR</u>		12. DESCRIPTION OF RECORD IF NOT ON SCHEDULE (Include type of information contained and purpose of records)	
3. ADDRESS <u>PO BOX 383</u> <u>NEWFOUNDLAND, PA 18445</u>			
4. CONTACT PERSON <u>BARBARA GILPIN</u>	5. PHONE <u>570-676-9764</u>	13. HAVE RECORDS BEEN MICROFILMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size: 16 mm _____ 35 mm _____ Other _____ Form: Roll _____ Cartridge _____ Cassette _____ Fiche _____ Other _____	
6. APPROVAL REQUESTED FOR: <input checked="" type="checkbox"/> Records Destruction <input type="checkbox"/> Records Transfer to PHMC			
7. RECORD TITLE AND INCLUSIVE DATES (One series per form) <u>TAX BILLS, PAID RECEIPTS 2016-2018</u>		LOCATION OF SECURITY COPY _____ _____ _____	
8. IS THIS THE PRIMARY COPY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, OFFICE THAT HOLDS PRIMARY COPY _____		14. THIS IS TO REQUEST AUTHORIZATION TO DISPOSE OF THE ABOVE MENTIONED RECORDS AS INDICATED IN BOX 6. THIS ALSO CERTIFIES THAT ANY SECURITY MICROFILM GENERATED FROM THE RECORDS LISTED ON THIS REQUEST MEET THE MICROGRAPHICS STANDARDS APPROVED BY THE LOCAL GOVERNMENT RECORDS COMMITTEE.	
9. RETENTION PERIOD IN SCHEDULE <u>2 YEARS</u> PAGE AND SECTION IN SCHEDULE <u>TA-12</u>			
10. HAVE ALL AUDIT REQUIREMENTS BEEN MET? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			

SIGNATURE OF MUNICIPAL OFFICER

TITLE

DATE

FOR PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION USE ONLY

APPROVAL IS GIVEN FOR: Destruction Destruction as Amended Transfer to PHMC
 Disapproved

COMMENTS/AMENDMENTS:

SIGNATURE

TITLE

DATE

PREPARE IN TRIPLICATE, SEND THE ORIGINAL AND ONE COPY TO THE PENNSYLVANIA HISTORICAL AND MUSEUM COMMISSION,
 BUREAU OF ARCHIVES AND HISTORY, 350 NORTH STREET, HARRISBURG, PA 17120-0090
 (717) 787-3913 or 783-9874 or RA-LocalGovernment @state.pa.us