

# Certificate of Compliance

## RECORDS CERTIFICATION for Public Records

Signed certificate  
should be sent to:

**Connecticut State Library  
Office of the Public Records  
Administrator  
231 Capitol Avenue  
Hartford, CT 06106**

I, the undersigned, do certify that the microfilm images on this reel of microfilm are complete and accurate reproductions of the original records of the below-listed State Agency or Municipality as accumulated during the regular course of business.

It is the established policy and practice of this agency /municipality to microfilm its records for permanent file and to dispose of the original records after microfilm reproductions have been made and assigned to the agency files.

All public records are scheduled and disposed of in accordance with CGS § 7-109, 11-8, 11-8a.

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Agency / Municipality Name

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Agency /Municipality Address

**Authorized Agency or Municipal Representative**

\_\_\_\_\_  
Name (*type or print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date