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|  | Certificate of Compliance**MICROFILIMING STANDARDS** for Public Records |  |
|  |  |  |  |
|  | Signed certificate should be sent to:**Connecticut State Library****Office of the Public Records Administrator****231 Capitol Avenue****Hartford, CT 06106** |  | We certify that we meet the microfilming requirements established by the Office of the Public Records Administrator as specified in General letter #96-2: Required Minimum Microfilming Standards for Public Records; Disposition of Original Records (revised 03/1999).  |  |
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|  | Name and address of State Agency / Municipality |  |
|  |  |  |
|  | Name and address of Microfilming Vendor company / In-house Operation |  |
|  |  |  |
|  | *We have reviewed General Letter #96-2 and our contract meets the standards and specifications in accordance with the provisions of this letter.* |  |
|  | **Agency Records Management Liaison Officer (RMLO) / Records Custodian of Municipality**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name ***(type or print)*** Signature Date |  |
|  |  |  |
|  | *We have reviewed General Letter #96-2 and our microfilming operation meets the standards and specifications in accordance with the provisions of this letter.* |  |
|  | **Authorizing Vendor / Authorized Individual for In-House Operation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name ***(type or print)*** Signature Date |  |
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|  | **Approved by Public Records Administrator**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date | APPROVEDCERTIFICATE WILL BERETURNED TO AGENCY / MUNICIPALITY |  |
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