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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). | |  |
|  |  | | | |  |
|  |  | | | |  |
|  | 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 | | | |  |
|  |  | | | |  |
|  | **Approved by Public Records Administrator**    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | APPROVED  CERTIFICATE WILL BE  RETURNED TO AGENCY / MUNICIPALITY |  |
|  |  | | | |  |