



Shredding Auto Pick Up Request

Name:

Department:

Building/Location (please include room number):

Contact Phone Number:

Contact Email Address:

Number of Bins for Pick Up:

Account number for IDT

Please Specify if you would like both scheduled dates, 1st pick up, or 2nd pick up of the month.

Additional Comments or Questions:

This is a one time request for the fiscal year. Please notify us if you need to update your pick up dates or to be taken off of "Auto Pick Up".

Send Completed Form to CABServices@tamucc.edu