



## Shredding 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 to Charge IDT:

What is the Requested Pick Up Date:

Additional Comments or Questions:

\*All request 's need to be submitted one week prior to the scheduled date or you will be added to the next pick up date.

Send Completed Form to [CABServices@tamucc.edu](mailto:CABServices@tamucc.edu)