



P.O. Box 1150
 Grove City, OH 43123
 614.299.2121
 www.fireproof.com

Records Destruction Authorization

COMPANY NAME _____ ACCT NO. _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 REQUESTED BY _____ SIGNATURE* _____
 AUTHORIZED BY _____ SIGNATURE* _____
 DATE _____ *SIGNATURES OF TWO (2) AUTHORIZED PEOPLE REQUIRED

TOTAL NUMBER OF BOXES TO BE DESTROYED _____ (ALL PAGES) /LIST

THIS FORM AND ANY ATTACHMENTS MUST IDENTIFY ONLY THE SPECIFIC BOXES TO BE DESTROYED. A LIST OF BOXES TO BE DESTROYED CANNOT BE SENT SEPARATELY FROM THIS FORM. FIREPROOF CANNOT ACCEPT A COPY OF A CUSTOMER'S TOTAL BOX INVENTORY INDICATING A PORTION OF SUCH INVENTORY IS TO BE DESTROYED.

BOX NUMBER	FRC IDENTIFICATION NUMBER	BOX NUMBER	FRC IDENTIFICATION NUMBER	BOX NUMBER	FRC IDENTIFICATION NUMBER

CERTIFICATE OF DESTRUCTION

IN ACCORDANCE WITH THE SECURITY STANDARDS ESTABLISHED BY CURRENT GOVERNMENT REGULATIONS AND FIREPROOF FOR ALL RECORDS DESTRUCTION, THE ABOVE LISTED MATERIAL/ITEMS HAVE BEEN SHREDDED AND DISPOSED AS OF THE DATE SHOWN.

FIREPROOF OPERATIONS MANAGER _____ SIGNATURE _____ DATE _____