FIREPROOF
moving information forward

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