



Recyclable Bulk Paper Disposal Form
(MUST BE COMPLETED IN FULL PRIOR TO PAPER DESTRUCTION)

Department/Office/Unit Name		Request Date (To be submitted no less than five (5) days before scheduled pick-up)	
Department/Office/Unit Phone Number		Department/Office/Unit Representative Printed Name	
Department/Office/Unit Address		Department/Office/Unit Representative Signature	
Records Disposal Certificate Attached to this Recyclable Bulk Paper Disposal Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	The Requesting Department confirms that the bulk paper materials submitted for recycling has been approved for disposal and is not part of a permanent collection or to be held for administrative or litigative, pending anticipated, reasons.	
Department/Office/Unit Supervisor Printed Name		Department/Office/Unit Supervisor Signature	
SPECIFICATIONS OF RECYCLABLE PAPER (TO BE COMPLETED BY REQUESTING DEPARTMENT)			
Type of Paper (1) (Check off all that applies)	<input type="checkbox"/> White Copier Paper <input type="checkbox"/> White Office File Paper <input type="checkbox"/> Mixed Office Paper (Forms) <input type="checkbox"/> Manila File Folders <input type="checkbox"/> Newspaper <input type="checkbox"/> Books <input type="checkbox"/> Cardboard	Quantity of Paper (2) (Check off all that applies)	<input type="checkbox"/> Boxes Number of ____ <input type="checkbox"/> Gaylords Number of ____ <input type="checkbox"/> Pallets Number of ____ <input type="checkbox"/> Other ____
Special Conditions (3) (Check off all that applies)	<input type="checkbox"/> Confidential (Shredding Required) <input type="checkbox"/> Non-Confidential (No Shredding Required) <input type="checkbox"/> Other _____	Condition of Paper (4) (Check off all that applies)	<input type="checkbox"/> Bound (Soft/hard/Spiral) <input type="checkbox"/> Stapled <input type="checkbox"/> Glue (Biodegradable) <input type="checkbox"/> Glue (Non-Biodegradable) <input type="checkbox"/> Glue (Water Soluble) <input type="checkbox"/> Paper Clips <input type="checkbox"/> Other _____
Department/Office/Unit Representative (Signature)		Date Signed	
SHERIFF'S DEPARTMENT OF SUPPORT SERVICES ONLY			
Collection Date (To be placed on collection not more than ten days after Request Date.)		Scheduled by Sheriff's SOSS Employee (Print Name)	
Collection Location		Sheriff's SOSS Employee's Signature	
Recycled (Market) Delivery Date		Delivered by Sheriff's SOSS Employee (Print Name)	
Market Delivery Location		Sheriff's SOSS Employee's (Signature)	
Notes:		Approximate Weight of Recyclable Paper (in pounds)	_____ lbs.

cc: Requesting Department
SOSS File