



3122 Mike Padgett Hwy.
P.O. Box 6030
Augusta, Georgia 30906-6030
Phone: (706) 793-0186
Fax: (706) 796-1083

DESTRUCTION AUTHORIZATION STATEMENT

Company Name: _____

Address: _____

Authorized Destroy Date: _____

Method of Destruction:

- On-Site Mobile Shredding* *Plant-Based Shredding*

Certificate Required

- Yes No

I _____, authorize Augusta Data Storage, Inc. to destroy the cartons and/or materials on the attached listing or contained in the Augusta Data Storage Shred bin based on the method of destruction indicated above. I also understand that Augusta Data Storage, Inc. cannot be held responsible for any material destroyed. However, Augusta Data Storage, Inc. will be responsible for maintaining and protecting the confidentiality of all material in its possession. Augusta Data Storage, Inc. will be responsible for providing all certificates and documentation as proof that the destruction process has been completed. If applicable, please see the attached listing.

Authorized Signature

Authorized Printed Name

Title

Date

