

***** PLEASE FILL OUT ALL INFORMATION BELOW. IT IS REQUIRED BY THE STATE OF CA *****

***** FAILURE TO FILL OUT FORM COMPLETELY WILL RESULT IN YOUR ITEMS NOT BEING PICKED UP *****

Scheduled pick up date: ____/____/____

First & Last name _____

Street address _____

City/ST/Zip _____

If 4 or more, please provide ph#: _____

If 4 or more, please explain why so many:

***** PLEASE TAPE FORM TO ITEM BEING RECYCLED *****

Item(s) being recycled
(Circle all that apply and note quantity)

Television:

Computer Monitor:

Flat Screen Television:

Flat Screen Monitor:

Laptop:

Other:

Please circle who used
the item(s):

Myself Family Member(s)
Unknown Friend(s)