



For more info, visit our web site: www.civicorpsrecycling.org Customer Services: 510-992-7871

Civicorps: E-Waste Pick-up Request Form

Requested by (name):	Date:
Company:	Current Client: YES <input type="checkbox"/> NO <input type="checkbox"/>
Address:	Requestor's phone number:
City:	Email address:

Site information:

Name of Contact (day of pick-up)	Pick-up location address:
Contact Phone: (person above)	
Hours of Operation:	Are you closed for lunch? YES <input type="checkbox"/> NO <input type="checkbox"/>
Items are located (please select one): Office: <input type="checkbox"/> Dock: <input type="checkbox"/> Warehouse: <input type="checkbox"/>	Will we need to use the following? Stairs: <input type="checkbox"/> Elevator: <input type="checkbox"/> Freight elevator: <input type="checkbox"/>
Items are (please choose all that apply): Palletized: <input type="checkbox"/> On Pallets only: <input type="checkbox"/> Boxed: <input type="checkbox"/> Loose material: <input type="checkbox"/>	Will we require: Prior security clearance: <input type="checkbox"/> Additional helper: <input type="checkbox"/>
	Do you have a designated loading area? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is insurance required for pick-up? YES <input type="checkbox"/> NO <input type="checkbox"/>	Location of Designated Parking area:

E-Waste Information:

Number of items: 1 - 5 6 - 10 11 - 15 16 - 20 > 20 record qty. _____

Enter the number of electronics:

Item	Qty. for Recycle	Item	Qty. for Recycle
Cell phone		LCD/LED monitor	
Computer (tower)		LCD/Plasma TV	
Copier		Microwave	
CRT/Television		Other electronics or small appliances	
Fax		Printer/Scanner	
Hard drive		Server	
Keyboards/Mice		Tablets / E-readers	
Laptop		Telephone system	

Note: We accept all computer related cables and they do not need to be counted.

Signatures (Done the Day of Pick-up)	Date
Customer:	
Civicorps:	