



Campus Document Shredding Service Request

Please complete this request form and email it to: mail-services@csun.edu

Requester Name:

Requester Ext:

Requester Dept:

Service Location:

PDS Chargeback #:

Service Type: Collection New Service

Bin Type	QTY
Console	
Mini Console	
Collection Cart	
Banker / File Box	

Postal & Delivery Services Use ONLY

Unit Collected	Transfer Unit	Date Collected	Dept Initials	PDS Initials	Date Shredded	PDS Initials