

**Please, fill out all information bellow. 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 and last Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

If 4 or more items, please provide ph#: \_\_\_\_\_

If 4 or more items, please explain why so many:

**ITEMS BEING RECYCLED | QUANTITY**

Television: \_\_\_\_\_

Computer monitor: \_\_\_\_\_

Flat screen television: \_\_\_\_\_

Laptop: \_\_\_\_\_

Other \_\_\_\_\_: \_\_\_\_\_

**CIRCLE WHO USED THE ITEM (S):** MYSELF | BUSINESS | OFFICE  
GOVERNMENT AGENCY

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