## SHRED CLEANOUT CHECKLIST



| Р                                       | NEW ZEALAND  Phone: 0800 340 034   Fax: 0800 340 035  Email: sds.orders@ironmountain.com |              |                                    |                                     |                           |   |  |  |
|-----------------------------------------|------------------------------------------------------------------------------------------|--------------|------------------------------------|-------------------------------------|---------------------------|---|--|--|
|                                         |                                                                                          |              |                                    |                                     |                           |   |  |  |
| Account Numbe                           | r:                                                                                       |              |                                    |                                     | Date:                     |   |  |  |
| Site Contact:                           |                                                                                          |              |                                    |                                     | Alternative<br>Contact:   |   |  |  |
| Phone:                                  |                                                                                          |              |                                    |                                     | Phone:                    |   |  |  |
| Items to be collected: (boxes, pallets) |                                                                                          |              |                                    | If other, please specify:           |                           |   |  |  |
| Site Address:                           |                                                                                          |              |                                    |                                     |                           |   |  |  |
| SECTION 1. Ca                           | artons                                                                                   |              |                                    |                                     |                           |   |  |  |
| Quantity:                               |                                                                                          | Contents     | of Cartons:                        | If other, please specify:           |                           |   |  |  |
| Standard Carton Size (20L): ☐ Yes ☐ No  |                                                                                          |              | Condition of the cartons:          |                                     |                           |   |  |  |
| Are they on pallets:                    |                                                                                          |              | Please describe location of items: |                                     |                           |   |  |  |
| Is there parking                        | at the premises                                                                          | □ No         |                                    |                                     |                           |   |  |  |
| Other special re                        | quirements:                                                                              |              |                                    |                                     |                           |   |  |  |
| SECTION 2. P                            |                                                                                          |              |                                    |                                     |                           |   |  |  |
| Quantity:                               |                                                                                          | Pallet Type: |                                    |                                     | If other, please specify: |   |  |  |
| Replacement pallets:                    |                                                                                          | ☐ Yes        | □ No                               | Are they shrink wrapped: ☐ Yes ☐ No |                           | 0 |  |  |
| Forklift:                               |                                                                                          | ☐ Yes        | □ No                               | Where are the pallets located:      |                           |   |  |  |
| Other special red                       | quirements:                                                                              |              |                                    |                                     |                           |   |  |  |

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