

# YOUR JUSTIN TIME

IT Services & Asset Recovery | IT Asset Disposition (ITAD)

(559) 575-0508 • yourjustintime@gmail.com • Fresno / Clovis / Sanger, CA 93727

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## DATA DESTRUCTION REQUEST FORM

Complete this form and submit to Justin before scheduling a corporate ITAD pickup or drop-off. This document initiates the chain-of-custody process and ensures proper documentation for compliance purposes.

### SECTION 1 — CLIENT INFORMATION

**Company / Organization**

**Name:**

**Contact Name:**

**Phone:**

**Email:**

**Address:**

**City, State, ZIP:**

### SECTION 2 — ASSET SUMMARY

List the types and estimated quantities of assets to be processed:

Asset Type	Estimated Qty	Make / Model (if known)
Laptops / Notebooks		
Desktop Computers		
Servers (rack/tower)		
Hard Drives (loose)		
NAS / Storage Arrays		
Network Switches / Routers		
Tablets / Mobile Devices		
Other (describe below)		

Other / Additional Notes:

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### SECTION 3 — DESTRUCTION METHOD REQUESTED

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Software Wipe (NIST 800-88 / DBAN) | <input type="checkbox"/> Physical Destruction / Shredding                | <input type="checkbox"/> Both (wipe + physical)         |
| <input type="checkbox"/> HIPAA-Compliant Disposal Required  | <input type="checkbox"/> Certificate of Destruction Required (per drive) | <input type="checkbox"/> Chain-of-Custody Documentation |

### SECTION 4 — SERVICE TYPE

- |   |  |
|---|--|
| <input type="checkbox"/> Drop-Off at Our Location | <input type="checkbox"/> Scheduled Pickup (Fresno / Clovis / Sanger) |
|---|--|

Preferred Date / Time:

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### SECTION 5 — AUTHORIZATION

By signing below, I authorize Your Justin Time to process the above-listed assets for data destruction and/or recycling. I confirm that I have the legal authority to authorize disposal of these assets.

Authorized Signature:

Printed Name:

Title / Role:

Date:

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Submit completed form to: [yourjustintime@gmail.com](mailto:yourjustintime@gmail.com) | Or call (559) 575-0508 to schedule.