Legal Document Shredding Consent Form

I, the undersigned, hereby authorize to securely destroy the following documents:

Documents to be Shredded
I affirm that I have the legal authority to authorize the destruction of these documents. I recognize and consent that once shredded, these documents cannot be recovered.
Name
Address
Contact Number
Email Address
Signature
Date
Authorized by:
, tallelized 2).
Authorized Representative Signature
Date