Acadia Electronic-Waste

**From**:
Name:

Department:

**To**: Technology Services

**Waste Item(s):**

Please list items and note if they are functional.

|  |
| --- |
| 1.  |
| 2. |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8. |
| 9.  |
| 10. |