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. |