



MARQUETTE COUNTY SOLID WASTE MANAGEMENT AUTHORITY

CONFIDENTIAL DOCUMENT CERTIFICATE OF DESTRUCTION REQUEST

BUSINESS OR MUNICIPALITY NAME: _____

ADDRESS TO SEND CERTIFICATE TO: _____

DATE REQUESTED: _____

PRINTED NAME: _____

SIGNATURE: _____

By requesting confidential document certificate of destruction, the business or municipality agrees to pay the Marquette County Solid Waste Management Authority a \$25.00 fee for each request.

Any returned checks will be charged an additional \$25.00 fee

OFFICE USE ONLY:

TICKET(S) NUMBER: _____

LOT(S) NUMBER: _____