Date: [Insert Date]

To: [Contact Name/Manager]
[Shredding Company Name]
[Company Address]
[City, State, Zip Code]

RE: Letter of Instruction for Destruction of Confidential Client Files

Dear [Contact Name],

This letter serves as formal instruction for [Shredding Company Name] to perform the secure destruction of confidential client records held by [Your Company Name].

1. Scope of Work:
You are authorized to collect and shred [Number] boxes/bins currently located at [Pickup Address]. These files contain sensitive personal and financial information that requires immediate destruction.

2. Method of Destruction:
All materials must be destroyed via [On-site / Off-site] cross-cut shredding to a size that ensures the information is unreadable and cannot be reconstructed.

3. Security Requirements:
All materials must remain under a secure chain of custody from the moment of collection until final destruction. Only authorized personnel from your organization are permitted to handle these documents.

4. Certificate of Destruction:
Upon completion of the shredding process, please provide a formal Certificate of Destruction. This certificate must include the date of destruction, the volume of material destroyed, and the name of the technician performing the task.

5. Compliance:
Please ensure all processes comply with [State/Federal, e.g., HIPAA, FACTA, or GDPR] regulations regarding the disposal of sensitive data.

If there are any issues regarding the pickup or processing of these files, please contact [Contact Person Name] at [Phone Number] immediately.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Job Title]
[Your Company Name]