



PRODUCT CARE ASSOCIATION
7781 Vantage Way, Delta, BC V4G 1A6
Phone: 604 592-2972 Fax: 604 592-2982
Web: www.productcare.org

NOTIFICATION OF DEPOT CLOSURE

Name of Depot: _____

Depot Phone No.: _____

Depot Address: _____

Depot Contact: _____

Effective Date: _____

CURRENT OWNER - Forwarding address, email & phone number: (If applicable)

Reason for depot closure:

- Financial
- Lack of resources or support
- Selling business
- Lack of time
- Other

Details: (please use additional paper if required)

Please provide the steps involved in making this decision to close/stop accepting items in Product Care program: (Please use additional paper if required)

If you had the opportunity, would you participate in our program again? Yes No

What comments do you have on our program? (Please use additional paper if required)

What could we do to improve the program in the future? (Please use additional paper if required)

Other Comments: (please use additional paper if required)

Have you had any spills at this site? Yes No

If yes – please advise date(s) _____ Was spill reported? Yes No

If not reported, why not?

By signing this form, I verify the above information is correct and complete.

Print Name _____

Position _____

Signature _____

Date _____

**Please send this completed form to bcospaint@productcare.org
or via fax to 604-592-2982. Thank you.**