



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

## NOTIFICATION OF OWNER CHANGE

Name of Depot: \_\_\_\_\_

Depot Phone No.: \_\_\_\_\_

Depot Address: \_\_\_\_\_

Depot Contact: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### SALE DETAILS

With the new ownership, will the corporation named on the contract remain same or will it be changing? This will help determine if new contracts are required.

**Corporate name is changing**

**Corporate name is staying same**

### NEW OWNER CONTACT INFO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### CURRENT OWNER CONTACT INFO:

Forwarding address, email & phone number (soon to be Previous Owner):

\_\_\_\_\_

\_\_\_\_\_

Reason for change of owner: (please give details):

\_\_\_\_\_

\_\_\_\_\_

Please provide the steps involved in making this decision to close: (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 \_\_\_\_\_ 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 [bcopspaint@productcare.org](mailto:bcopspaint@productcare.org)  
or via fax to 604-592-2982. Thank you.**