



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

**Depot Name:** \_\_\_\_\_

**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? Please confirm this with the new owner. This will help determine if new agreements are required.

**Corporate name is changing**                       **Corporate name is staying same**

### CURRENT OWNER (soon to be Previous Owner):

Forwarding address, email & phone number (In event we need to reach you after the sale regarding collection payment):

\_\_\_\_\_

\_\_\_\_\_

### NEW OWNER CONTACT INFO:

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

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

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

**Phone No.:** \_\_\_\_\_

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

\_\_\_\_\_

**Please provide the steps involved in making this decision to change depot owner:**

(Please use additional paper if required)

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**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)

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

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**Other Comments:** (Please use additional paper if required)

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**Have you had any spills or incidents at this site?**  Yes  No

If yes – please advise date(s) \_\_\_\_\_ Was This reported?  Yes  No

If not reported, why not?

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send this completed form to**  
**[recyclingservices@productcare.org](mailto:recyclingservices@productcare.org) or via fax to 604-592-2982.**

**Thank you.**