



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

Depot Name:

Depot Phone No.:

Depot Address:

Depot Contact:

Effective Date:

CURRENT OWNER - Mailing address, email & phone number (in event we need to reach you regarding payment)

Reason for depot closure:

Financial Lack of resources or support

Selling business Lack of Time

Other: _____

Please provide the steps involved in making this decision to close your business:

(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 or incidents at this site? Yes No

If yes – please advise date(s) _____ Was This 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
recyclingservices@productcare.org or via fax to 604-592-2982.**

Thank you.