RECYCLING CENTRE CLAIM
Summary of Containers Collected and Application for Refund/Handling/Processing Fees

For the period from: $\qquad$ To: $\qquad$ Centre Name: $\qquad$ Phone Number: $\qquad$


## Completed by:

$\qquad$ (please print)
Signature: $\qquad$
$\qquad$
Total all columns
Transportation
Total This Claim


