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or

CLICK HERE to email when done

Return Form

Today's Date		
Business Name		
Contact Name		
Phone #	Fa	āx #
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Please fill in at least one of the following fields				
Delivery #, Invoice # and, Order/Document # should each be 8 digits long starting with the number provided.		Delivery #	8	
Order/Document #	3	Invoice #	9	
Account #		Postal Code		

Products Being Returned			
QTY	10 digit Stock Number	Publication Title	
	7		
	7		
	7		
	7		

Reason For Return				

For Government Publications Services Use Only				
Confirmation Date		Confirmed By		