

## BEVERAGE CONTAINER REGULATION

## PRODUCER'S MONTHLY RETURN

Community Services – Community Operations (C-12)
Box 2703, Whitehorse, Yukon Y1A 2C6
Phone: 867-667-8945 • Fax: 867-393-6397 • Email: YGrecycles@yukon.ca

Producer name:			Period covered by this return:	
Registration #:			From YYYY/I	MM/DD to: YYYY/MM/DD
		Milk and milk substitutes	Containers < 750 mL	Containers <sup>⋝</sup> 750 mL
Sales to other producers (retailers)	Α			
Sales to consumers	В			
Less: returns by other producers (retailers)	С			
Total quantities (A+B-C)	D			
Surcharge rate	E	x \$0.10	x \$0.10	x \$0.35
Amount of surcharge (E x D)	F			
Total remittance (add row F for all columns)				\$
I hereby certify that the above stact and the Beverage Container				with the provisions of the Environment
Signed			YYYY/MM/DD Date	
Name (print)			Title	
Email			Phone #	

Provide your phone number and email address for every submission. This return must be filed and collected surcharges remitted by the 15th day of each month for the previous month, including nil returns.