

Retailer/Distributor Refund for Redistributed Single-use Retail Bags

Applicant Name: _____ Registration Number: _____ Period Covered by this Form _____
 Mailing Address: _____ Telephone Number: _____ From: _____
 _____ Email Address: _____ To: _____

Establishment Name:		Single-use Retail Bags Redistributed					
		A	B	C	D	E	F
		Paper	Plastic	Other	Total Bags (A+B+C)	Fee	Total Refund (D x E)
1						\$0.25	
2						\$0.25	
3						\$0.25	
4						\$0.25	
5						\$0.25	
6						\$0.25	
7						\$0.25	
8						\$0.25	
9						\$0.25	
10						\$0.25	
11						\$0.25	
12						\$0.25	
13						\$0.25	
14						\$0.25	
15						\$0.25	
16						\$0.25	
17						\$0.25	
18						\$0.25	
19					0	\$0.25	

