

METALS RECEIVED

Sheet Number:

These records must be kept for 3 years

Name of Collector:.....

Name of Person Scrap Collected from:.....

Address Collected from:.....

.....

Item(s) Collected: *(Washing Machine, Fridge, Metal, etc.)*

.....

.....

Description of Metal: *(Steel, Aluminium, Copper, etc.)*

.....

.....

Date Collected:.....Time Collected:.....

Left Outside Property: yes/no *(location i.e. gate, driveway etc.)*.....

Was payment made Yes/No.

How was payment made Cheque / Bank Transfer

Delivered to you by:*(Registration of Vehicle)*.....

Date of Sale of Above Metal:/...../.....

Who sold to: *(Name and Address)*.....

.....

Value of Metal if Disposed Of/Sold:.....

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