

**Recycled Product Manufacturers
Negative Claims Adjustment Form**

Instructions: Please complete this form for each negative adjustment and include the hard copy documentation to support your claim.

Participant Information

Registration Number: _____

Company Legal Name: _____

Adjustment Request:Claim Period pertaining to adjustment: _____ / _____
(MMM/ YYYY)Invoice Number: _____ Invoice Date: _____ / _____ / _____
(DD/MMM/ YYYY)

Weight (Tonne): _____

Product Type: _____

(Calendar, Extruded, Molded, Other)

Reason For Negative Invoice: Please check off one of the following reasons that best describes the negative adjustment request. If **OTHER** is selected, please provide details.

- ☐ Returned Products
- ☐ Other (specify reason)

OTS-OFFICE USE ONLYClaims Clerk Name: _____ Review Date: _____ / _____ / _____
(DD/MMM/ YYYY)

Comments: