

FOR PAINT DROPPED OFF AT A PAINTCARE DROP-OFF SITE

Leftover Paint Receipt



DROP-OFF SITE

Site Name	
Street Address	
City/State/Zip	
Phone	
Email	
Name of Staff Accepting Paint	
Date of Drop Off	

PERSON OR ORGANIZATION DROPPING OFF PAINT

Organization Name	
Contact Person	
Phone	
Email	

AMOUNT OF PAINT

Estimated Gallons	
Number of Containers	