Dear PCS

This is to confirm that Insert premises requires access to your treatment services under Regulation 43.

I can confirm that the premises is a distributor of this product and currently has X containers of vapes on site for treatment (separate as per the below)

|  |  |
| --- | --- |
| Vape Tube |   |
| 30L Drum |   |
| 60L Drum |   |
| Pallet box |   |

Site contact information is detailed below.

1) Company name

2) Site contact details

3) Name

4) Phone No

5) Email

6) Address

7) Address type (store, distribution centre, etc)

Please can you submit this request to the relevant parties.

Regards

Name

Job Title