

COLLECTORS RECORD OF METALS
 (These records must be kept for 3 years)

Sheet Number:

COLLECTION	
Name of Collector:	
Name and address of the person the scrap metal is collected from:	
Proof of identity seen:	
Item(s) collected (eg fridge, metal, wire, sheet):	
Type of metal (eg steel, aluminium, copper, etc):	
Condition of metal:	
Weight of metal:	
Any identifying marks or distinguishing features (to enable the metal to be identified):	
Date and time collected:	
Left outside property:	Yes/No Location:
Amount paid for scrap metal:	
Paid by:	<input type="checkbox"/> Cheque Cheque No: _____ <input type="checkbox"/> Electronic Transfer (Keep copy of cheque or transfer receipt)

DISPOSAL	
Date and time of disposal of metal:	
Who sold to: (full name and address)	
Value of metal if disposed of/sold:	
Receipt Number:	

