Recall Notice

<Insert Your Company Name>

<Insert Your Address>

<Insert Your Phone Numbers>

| Date: | |
|-------------|--|
| Buyer Name: | |
| Location: | |
| Phone: | |
| Fax: | |

| Lot # | Product Name | Size / Amount | Units/Amount removed from distribution |
|-------|--------------|---------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

Important: Please remove these products from retail sale and segregate for pick-up by:

< Insert your company's designated person by name>