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# DEPOT CLOSURE REQUEST

Under the terms and conditions of your Depot Operating Permit:

- 4(3) The Permit Holder shall receive prior approval of the Board in writing for the following:
- (a) any changes in the depot hours of operation
  - (b) closure of the depot to the public for personal or operational reasons

## Depot Information

Depot Name:		Depot Operator:	
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## Closure Details

Closure Requested From:		Closure Requested Until:	
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Reason For Closure:	

Date (today's date)		Depot Owner/Operator Signature	
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Comments: (This section Internal Use ONLY)

Approved by (print name) \_\_\_\_\_

BCMB Approval (staff signature): \_\_\_\_\_

Date Approved: \_\_\_\_\_

**UPON BCMB APPROVAL: ALL CLOSURE NOTICES MUST BE POSTED AT THE DEPOT, IN CLEAR VIEW OF THE PUBLIC, A MINIMUM OF FOURTEEN (14) DAYS PRIOR TO THE CLOSURE**

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