## It's all about managing food.

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## **NOTICE OF RECALL**

URGENT – RECALL OF				
Attention:	(NAME OF CUSTOMER	P CONTACT)		
	`	,	ducts listed belo	ow because
(YOUR COMPANY NAME)		aming the proc		on sociated
Product Name	Brand	Size	Lot Number	Expiry Date UPC
(YOUR COMPANY NAME)	will cr	edit you for the	recalled product	t. Please mark
the product 'RECALLED". We will	call you with further instr	ructions on wha	at to do with the r	ecalled product.
IMPORTANT				
Please record the time and date y	ou received this Recall N	lotice and ackn	owledge receipt	by signing and
faxing this document to			at	
,	MPANY NAME)	_	•	COMPANY FAX #)
Date / Time Received:				
Name of Store / Distributor:				
Amount of Recalled Product on ha	and:			
Amount of Inventory Distributed/S	old:			
Thank you for your Cooperation	n in this matter,			
(Signature)				
(Your Contact Info including your	position and Company na	ame)		

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