Department *of*
Alcoholic Beverage Services

Rev. 07-2026

TYPE 2 AND TYPE 3 PACKAGE AGENCY PRODUCT RETURN FORM

P.A. NUMBER: _____ CITY/TOWN: _____ REPORTING MONTH: _____

PRODUCT CODE	PRODUCT DESCRIPTION	PRODUCT SIZE	QUANTITY	REASON FOR RETURN

PACKAGE AGENT REPRESENTATIVE:

_____
PLEASE PRINT NAME

SIGNATURE:

_____

DATE: _____

DABS STORE EMPLOYEE:

_____
PLEASE PRINT NAME

SIGNATURE:

_____

DATE: _____