



Agency Receipt Form

Please complete the form below, keep a copy for your agency’s records, and turn the original over to the drop-off site.

Agency Receipt

On (Date) _____, the _____ turned over _____ boxes of collected medications weighing _____ pounds at the selected drop-off site.

(Agency Name)

Signature: _____

Thank you again for your continued partnership in making Arkansas a safer and healthier place.

Thank you,

Kirk Lane

Kirk Lane, Director ARORP

Tom Fisher

Tom Fisher, State Drug Director