



Proof of Appliance Recycling

Must be filled out by co-op or recycler and not the co-op member.

A recycling receipt may be used to claim reimbursement and/or incentive when attached to this form.

110 Saugstad Rd., Westby, WI 54667 • 800-447-5051 or 608-634-3121

- ▶ Rebates are in place through December 31 or until funds, by incentive or in total, are depleted.
- ▶ Rebate application form or copy of your receipt, if applicable, must be submitted within 3 months of recycling date.

By signing this form:

I certify that I am a licensed recycler or that this appliance will be turned over to a licensed recycler and that the appliance:

- Was in working order when received
- Will be removed from service (not resold or reused)
- Will be fully disposed of and that refrigerants and CFCs will be recycled following federal, state and local laws

I further attest that the following information is accurate and this appliance was turned in by the resident listed on this rebate application.

		Fees Charged (\$)
Typed of Appliance Recycled: (Circle all that apply)	Refrigerator _____	NA
	Freezer _____	NA
	Room Air Conditioner _____	NA
Appliance recycled on behalf of:		
Member Name _____		
Member Address _____		
Company or person signing this form if different from recycler: (please print)		
Name _____		
Signature of person picking up or receiving this appliance _____		
Licensed recycler responsible for this appliance:		
Name _____		
Date of pick-up or receipt: _____		

Thank you for participating in our program!