

Appliance Recycling
PROOF of DEMANUFACTURING

Filled out by other than member.



PO Box 611 Albert Lea MN 56007
Phone: 507-373-6421
Fax: 507-369-0259

By signing the following:

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

- Was/were in working order when received
- Will be removed from the grid (not resold or reused)
- Will be fully decommissioned including refrigeration and mercury components and refrigerants and CFCs recycled following federal, state and local laws.

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

Appliance picked up and/or recycled by:
RETAILER, SOLID WASTE ADMINISTRATOR, or OTHER

		Fees Charged (\$)
Type of Appliance Recycled:	REFRIGERATOR	_____ NA
(Circle all that apply)	FREEZER	_____ NA
	ROOM AIR CONDITIONER	_____ NA

Appliance picked up or recycled on behalf of:

Member Name _____

Licensed recycler responsible for demanufacturing

Name _____

Phone Number _____

Date appliance hauled off / received _____

Signature of person picking up
or receiving this appliance _____

Company of person signing this form if different from recycler

Name _____

Phone Number _____