



## APPLIANCE RECYCLING PROGRAM

I have requested to have my qualifying appliance(s) picked up and properly recycled through my utility's Appliance Recycling Program. By signing this form, I authorize my electric utility partner, ARCA Recycling, Inc., to remove my appliance(s) for recycling. I certify and represent that I am the owner of or the authorized representative of the owner of the below appliance(s), and that this ownership is free of liens, security interests, or other encumbrances. I hereby transfer ownership of said appliance(s), if picked up, to ARCA Recycling, Inc.

I confirm that the appliance(s) meets all utility requirements for participation in this program. I also understand that my appliance(s) must meet the Appliance Recycling Program requirements to be eligible for the incentive check if my utility's program offers an incentive.

If the appliance(s) do not meet the above requirements, I understand and agree that my appliance(s) will not be removed from my home, and I will not receive an incentive check.

Appliance(s): *circle one or both*

Refrigerator

Freezer

Confirmation #: \_\_\_\_\_

Electric Utility Company: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

**Please place signed form inside your appliance on the day of pickup.\***

***\*If you do not have access to a printer, you may handwrite and sign a note authorizing ARCA Recycling to remove the appliance from your premises for recycling. Please include the date, your address, confirmation number, and signature.\****