



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) from my home 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 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.***