

XCEL ENERGY APPLIANCE RECYCLING PROGRAM

I have requested to have my qualifying appliance(s) picked up and properly recycled through the appliance recycling program. By signing this form, I authorize ARCA Recycling 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.

I fully understand that my appliance(s) must meet the Appliance Recycling Program requirements to be eligible for the \$50.00 incentive check. I understand that the appliance(s) must meet the following program requirements: between 10 and 30 cubic feet, operational, empty and accessible for removal.

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

Appliance(s): Refrigerator _____ Freezer _____

Signature: _____

Confirmation # _____

Address: _____

Date: _____

Driver Signature: _____