



N1831 State Hwy 13  
Medford, WI 54451  
715-678-2411

**Appliance Recycling**  
**PROOF of DEMANUFACTURING**

Filled out by someone other than member

**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
<i>(Circle all that apply)</i>	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* \_\_\_\_\_