



2018 PROOF OF DEMANUFACTURING OF RECYCLED APPLIANCES

APPLIANCE RECYCLING *(Member and recycler please read and complete)*

- ❖ Equipment must be recycled in 2018.
- ❖ Rebates are in place through December 31, 2018 or until funds are depleted.
- ❖ Rebates will appear as a **one-time credit on your electric bill** within 1-3 billing cycles after approval.
- ❖ Submit documentation **no later than 3 months after the recycle date and no later than January 1, 2019, whichever comes first.** However, members are encouraged to submit documents as soon as possible to ensure rebate.
 - ✓ De-manufacturing form and copy of receipt *(no de-manufacturing form needed if recycled at Gone Green (Frederic) or Polk County Recycling Center)*

Submit required documentation to: Polk Burnett 1001 State Road 35 Centuria, WI 54824 Fax: 715-646-3395 Phone: 800-421-0283 · 715-646-2191 ext. 595

CUSTOMER INFORMATION *(Please fill out entire section be sure to provide the account and location # found in the upper right hand corner of your electric bill)*

Member Name			Email		Phone #
Address			Account #		Location # <small>Example: (02A-11-021)</small>
City	State	Zip	Date	Member Signature	

PROOF OF DEMANUFACTURING *(Please fill out entire section)*

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 this appliance was turned in by the resident listed on the rebate application.

	Appliance Recycled	Fee for Recycling	Quantity Up to 3 each	Rebate	Total Rebate <i>Qty x Rebate</i>
Type of appliance recycled:	<input type="checkbox"/> Refrigerator		Quantity:	\$25	
	<input type="checkbox"/> Freezer		Quantity:	\$25	
	<input type="checkbox"/> Room Air Conditioner		Quantity:	\$25	
Total Rebate Amount Requested:					

RETAILER, SOLID WASTE ADMINISTRATOR OR OTHER:

Date appliance picked up / received:	Date:
Licensed recycler responsible for de-manufacturing: Business Name:	Name:
	Phone:
Signature of person picking up or receiving this appliance:	Signature:
Company of person signing this form if different from recycler:	Name:
	Phone:

OFFICE USE ONLY

I certify the rebates requested are for equipment recycled in 2018 Approved Not Approved-Reason

Cooperative representative:	Date:	Total rebate issued: \$
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