



RECYCLING

2025 Energy Efficiency Rebate Form

ELIGIBILITY AND INSTRUCTIONS FOR COMPLETING THIS FORM *(Please read)*

- ❖ Recycled appliances must have been removed from Polk-Burnett lines and recycled in 2025.
- ❖ Rebates are in place through December 31, 2025, or until funds are depleted. Program subject to change without notice.
 - ✓ This rebate form - submit within 3 months of recycling or January 1, 2026 whichever comes first
 - ✓ Receipt showing appliance was taken to a recycling center or picked up for recycling.

Submit required documentation to:
Polk Burnett 1001 State Road 35 Centuria, WI 54824 Fax: 715-646-2404 Phone: 800-421-0283 · 715-646-2191 ext. 595

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

Example: Location Address: _____ Location #: _____ Invoice Date: _____ Account #: _____

Member Name			Email		Phone #
Mailing Address			Account #		Location # <i>Example: (02A-11-021)</i>
City	State	Zip Code	Date	<i>Office use only: (Service Location)</i>	

Rebate for: Residential Seasonal "Cabin" Farm Commercial/Industrial Institution/Government

REBATE INFORMATION *(Please fill in shaded boxes for all items for which you are requesting a rebate)*

Equipment	Specifications <i>Limit (3) rebates of each appliance listed per account</i>	Quantity	Rebate	Total: Quantity x Rebate
Recycling – Freezer	<i>Refrigerator, freezer, or room/window air conditioner must be in working order at the time of recycling.</i>		\$25	
Recycling – Refrigerator	<i>Refrigerator, freezer, or room/window air conditioner must be removed from service and fully disposed of following federal, state, and local laws.</i>		\$25	
Recycling – Room Air Conditioner			\$25	

I attest that the product I am having recycled was in working condition at time of recycling: _____ (member signature)

Rebate(s) will be paid as a one-time billing credit 1-3 billing cycles after approval.	Total Rebate Requested:	
--	--------------------------------	--

To be filled out by person Picking up or Accepting product to be recycled: *(unless taken to Polk County Recycling on Hwy 8 St. Croix Falls or Gone Green Recycling south of Frederic on Hwy 35 - then you just need the recycling receipt)*

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, mercury components, 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 form.

Name of person receiving appliance for recycling: _____

Business Name & Phone Number: _____

Signature of person picking up or receiving this appliance _____

OFFICE USE ONLY

Approved Not approved – Reason: _____

Cooperative Representative:	Date:	Total rebate issued: \$
-----------------------------	-------	-------------------------