



# 2020 PROOF OF DEMANUFACTURING OF RECYCLED APPLIANCES

## APPLIANCE RECYCLING – (Member and recycler please read and complete)

- ❖ Equipment must be removed from Polk-Burnett electric lines and recycled in 2020.
- ❖ Rebates are in place through December 31, 2020 or until funds are depleted. Program subject to change or cancellation.
- ❖ 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 2, 2021, 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 # Example: (02A-11-021)
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	
<b>Total Rebate Amount Requested:</b>					

## 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 2020  Approved  Not Approved-Reason

Cooperative representative:	Date:	Total rebate issued: \$
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