CUSTOMER NOT HOME FORM

I have requested to have my qualifying appliance(s) picked up and properly recycled by Arca Recycling, Inc., through the City of Palo Alto Utilities 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 my appliance(s) must meet the following Appliance Recycling Program requirements to be eligible for a bill credit for refrigerators and freezers:

- You must own the appliance and be picked up at the CPAU service address
- Confirm whether the refrigerator(s) and/or freezer(s) is in working condition.
- The refrigerator(s) and/or freezer(s) must be between 10 and 30 cubic feet to be eligible for pick-up.
- All food must be removed, the unit defrosted and dry, drip pan drained, and water lines disconnected prior to collection.
- There must be a clear pathway to and from the home & appliance.
- For the safety of your pets, please move them to another area of the home, away from the work area.

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 bill credit.

Please complete the sections below and sign the form. Place the form inside the appliance for the driver.

Appliance(s): Refrigerator _____ Freezer _____

Signature: _____

Confirmation #: _____

Address: _____

Date: _____

Driver Signature: _____

Customer Signature: _____