



APPLIANCE RECYCLING PROGRAM

I have requested to have my qualifying appliance(s) picked up and properly recycled through my utility's Appliance Recycling Program. By signing this form, I authorize my electric utility partner, ARCA Recycling, to remove my appliance(s) 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 confirm that the appliance(s) meets all utility requirements for participation in this program. I also understand that my appliance(s) must meet the Appliance Recycling Program requirements to be eligible for the rebate if my utility's program offers a rebate.

If the appliance(s) do not meet the above requirements, I understand and agree that my appliance(s) will not be removed from my home, and I will not receive a rebate.

Appliance(s):
circle all applicable

Refrigerator

Freezer

Room Air
Conditioner

Dehumidifier

Confirmation #:

Electric Utility Company:

Address:

Date:

Customer Signature:

Driver Signature:

Please place signed form inside your appliance on the day of pickup.*

****If you do not have access to a printer, you may handwrite and sign a note authorizing ARCA Recycling to remove the appliance from your premises for recycling. Please include the date, your address, confirmation number, and signature.***