



## Refrigerator-Freezer Recycling Program

Application Date \_\_\_\_\_ Date of Pick-up \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Central Lincoln PUD Account # \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Thompson's Sanitary Service Inc. has partnered with Central Lincoln PUD to implement a refrigerator and freezer recycling program. To participate, you must sign this form agreeing to all of the terms and conditions below.

I certify that I am a customer of Central Lincoln PUD and that I am the owner (or represent the owner) of the appliance(s) serviced with this form and that the appliance(s) are free of liens, security interests, or any other encumbrances. I certify that the unit is operable and capable of cooling. I transfer ownership of the appliance(s) and all waste streams attributes to Thompson's Sanitary Service in exchange for a \$30 incentive payment for each appliance, to be provided by Central Lincoln PUD.

I further certify by signing this form that I release Thompson's Sanitary Service, and Central Lincoln PUD and their respective employees, agents, and any subcontractor from any and all claims from the removal of the appliance(s) from the above cited premise.

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_

---

### For office use only

Driver: \_\_\_\_\_

Unit Type (circle one):    Freezer                      Refrigerator

Unit 10 cubic ft. or greater (circle one):    Yes    No            Number of Cubic ft. \_\_\_\_\_

Unit is functioning (circle one):                      Yes    No

Eligible for Rebate (circle one):                      Yes    No

Decommission Date: \_\_\_\_\_

Freon Capture Date: \_\_\_\_\_

Sent to Recycle Center Date: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_