




A Touchstone Energy® Cooperative 

APPLIANCE RECYCLING

2018 Rebate Form

ELIGIBILITY CRITERIA

- ❖ Recycling rebates qualify for the entire rebate, regardless of the recycling cost.
- ❖ Equipment must be recycled in 2018.
- ❖ Recycled equipment must be removed from the cooperative's lines.
- ❖ Rebates are in place through December 31, 2018, or until funds are depleted. Members are encouraged to submit as soon as possible.
- ❖ All documentation listed below must be **submitted no later than 3 months after recycle date.**
 - ✓ This Rebate Form
 - ✓ Receipt for each item recycled showing unit is in working order

Submit required documentation to: *Freeborn-Mower Cooperative Services, PO Box 611, Albert Lea, MN 56007-0611*

CUSTOMER INFORMATION *(Please fill out entire section)*

Member Name		Email		
		<i>Email addresses will be used for cooperative communication only, including notification of rebate status. Opting out now or in the future is always available. <input type="checkbox"/> Opt out Now</i>		
Address		Account	Phone	
City	State	Zip Code	Date	Member Signature
Rebate for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:				

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

Equipment	Specifications and Required Information	Quantity	Rebate	Total: Quantity x Rebate
Recycling – Freezer	Freezer must be in working order. Freezer must be removed from service and fully disposed of following federal, state, and local laws.		\$25	
Recycling - Refrigerator	Refrigerator must be in working order. Refrigerator must be removed from service and fully disposed of following federal, state, and local laws.		\$25	
Recycling – Room Air Conditioner	Room air conditioner must be in working order. Room air conditioner must be removed from service and fully disposed of following federal, state, and local laws.		\$25	

Appliance picked up and/or recycled by: Retailer, Solid Waste Administrator, or Other

Licensed recycler responsible for demanufacturing:

Name _____

Phone Number _____

Signature of person picking up or receiving this appliance _____

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 that this appliance was turned in by the resident listed on this rebate application.

Rebate(s) will be paid as a billing credit.

Total Rebate Amount Requested:

OFFICE USE ONLY

Approved Not approved – Reason:

I certify the rebates requested meet the eligibility criteria listed above.

Cooperative Representative:

Date:

Total rebate issued: \$