

APPLIANCE RECYCLING

ELIGIBILITY CRITERIA

- Recycled equipment must be removed from the cooperative's lines.
- Rebate(s) must be **submitted no later than 3 months after recycle date.**
- Rebates are in place through December 31, 2023, or until funds are depleted. Members are encouraged to submit as soon as possible.
- * Rebates submitted after December 31, 2023 will not qualify if the rebate is no longer offered in 2024.
- 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 Electric Cooperative | PO Box 611 | Albert Lea | MN 56007-0611

CUSTOMER INFORMATION Please fill out entire section								
Member Name				Email				
				Email addresses will be used for cooperative communication only, including notification of rebate status. Opting out now or in the future is always available. \(\subseteq \text{Opt} out Now \)				
Address				Account Phone				
City		State	ate Zip Code Date Member		Signature			
Rebate for: Residential Farm Commercial Industrial Ins			itution/Government Other:					
REBATE INFORMATION Please fill in shaded boxes for all items for which you are requesting a rebate								
Equipment		Specificati	ons and Require	ed 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, mercury components, 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: \$			
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