

# Traverse Electric Co-op Appliance Disposal Form

## Member Information

\*Member Name \_\_\_\_\_

\*Account Number \_\_\_\_\_

\*Date \_\_\_\_\_

## Old Appliance Information

Appliance (Circle One)    Fridge    Freezer

Make \_\_\_\_\_

Model \_\_\_\_\_

## Disposal Information

\*Company Name \_\_\_\_\_

\*Company Address \_\_\_\_\_

\*Company Phone Number \_\_\_\_\_

By signing the following, I certify this appliance will be turned over to a licensed recycler and removed from the grid (not resold or reused). The appliance will be fully decommissioned including refrigeration and mercury components and refrigerants and CFCs recycled following federal, state and local laws. I attest the following information is accurate and this appliance was turned in by the resident listed on this rebate application.

\*Authorized Signature \_\_\_\_\_

\* Required Field

Attach Disposal Receipt to this form before mailing.

Mail to  
Traverse Electric Co-op  
P.O. Box 66  
Wheaton, MN 56296

