

Authorization to Collect Appliance

I have requested to have my qualifying appliance(s) picked up and properly recycled through the Delmarva Power Appliance Recycling Program. By signing this form, I authorize Delmarva Power, through Key Recycling LLC, to remove my appliance(s) from my home 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 Key Recycling LLC.

I confirm that the appliance(s) meets all program 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 incentive check if my utility's program offers an incentive.**

If the appliance(s) do not meet the above requirements, I understand and agree that my appliance(s) *can still be removed from my home for recycling upon request but I will not receive an incentive check and I waive any rights I may have to challenge the determination that the appliance is not working or to receive the incentive payment.*

Appliance(s): *circle one or both*

Refrigerator ___QTY

Freezer ___QTY

Mini Refrigerator ___QTY

A/C ___QTY

Dehumidifier ___QTY

Confirmation #: _____

Address: _____

Date: _____

Customer Signature: _____

Driver Signature: _____

Please place signed form inside your appliance on the day of pick-up.