

CUSTOMER NOT HOME FORM

I have requested to have my qualifying appliance(s) picked up and properly recycled by Arca Recycling, Inc., through the Turlock Irrigation District Appliance Recycling Program. By signing this form, I authorize ARCA Recycling, Inc., 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 ARCA Recycling, Inc.

I fully understand that my appliance(s) must meet the following Appliance Recycling Program requirements to be eligible for the \$35.00 incentive check for refrigerators and freezers:

- The refrigerator(s) and/or freezer(s) must be plugged in and cooling prior to the pick up as we need to verify that the unit is in working condition.
- The refrigerator(s) and/or freezer(s) must be between 10 and 30 cubic feet to be eligible for pick-up.
- All food must be removed, the unit defrosted and dry, drip pan drained, and water lines disconnected prior to collection.
- Ensure that there is a clear pathway.
- For the safety of your pets, please move them to another area of the home, away from the work area.

If the appliance(s) does not meet the above requirements, I fully understand and agree that my appliance(s) will not be removed from my home, and I will not receive the incentive check.

Appliance(s):	Refrigerator -	Freezer	
Signature:			
Confirmation #:			
Address:			
Date:			
Driver Signature:			

