CITY OF OCONOMOWOC UTILITIES
APPLIANCE TURN-IN APPLICATION

2009

RETURN FORM TO: Oconomowoc Utilities ATI Program, 808 S. Worthington Street, Oconomowoc, WI 53066

CUSTOMER NAME		ACCOUNT NUMBER (as shown on electric bill)	
MAILING ADDRESS	CITY	STATE	ZIP
APPLIANCE LOCATION ADDRESS (if different)	CITY	STATE	ZIP
DAYTIME TELEPHONE ( )		DATE INSPECTED	

APPLIANCE TYPE TO TURN IN	No. OF UNITS TURNED IN	No. OF UNITS REMAINING
Refrigerator		
Freezer		

WILL YOU PURCHASE ANOTHER APPLIANCE TO REPLACE THE UNIT BEING TURNED IN? YES NO

Note: A total of [2] appliances allowed per year.
In addition to paying the disposal fee, you will receive a $20 check for each qualifying appliance.
The Utilities will contract and pay for the disposal of the units you wish to turn in.
This service, a $20 value to you, assures the proper handling and reclaiming of the refrigerants.

CUSTOMER CERTIFICATION AND AGREEMENT

I certify that all statements made in this application are correct to the best of my knowledge.
I agree to the terms and conditions on the reverse side of this application.

Customer's Signature | Date | Utility Account Number

FOR UTILITY USE ONLY

Date Received:	By:	
Check Issued:	Check Amount:	Check No.:
	DISABLED/INSPECTED BY:	