

Appliance Recycling Program



Authorization To Collect Appliance

I have requested to have my qualifying appliance(s) picked up and properly recycled through PSE&G's Appliance Recycling Program. By signing this form, I authorize PSE&G, through SEEL, LLC, to remove my appliance(s) from my home for recycling. PSE&G has contracted with ICF to implement the Appliance Recycling Program. I certify that I am a PSE&G customer receiving residential electric service or that I am a Butler Electric customer receiving PSE&G residential gas service. I certify that I am the owner (or the owner's authorized representative) of the appliance(s) being collected, and that this ownership is free of liens, security interests, or other encumbrances. I further certify that the appliance(s) are operable and meet the program eligibility requirements.

I agree to transfer the ownership of my appliance(s) and all recycled materials to ICF in exchange for a rebate payment provided by PSE&G, as long as my appliance(s) meet the necessary qualifications. In consideration of my participation in the Appliance Recycling Program, I hereby release and hold harmless PSE&G, ICF, and their respective employees and subcontractor(s) from any and all claims, losses, or damage resulting from (i) any misstatements made by me above or (ii) the removal of the appliance(s) from the address listed below.

I confirm that the appliance(s) meet 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): Refrigerator QTY ____ Freezer QTY ____
 Dehumidifier QTY ____ A/C QTY ____

Appointment Confirmation Number: _____

Address: _____ **Date:** _____

Customer Signature: _____

Driver Signature: _____

Please attach this signed form to your appliance on the day of pickup.

Call toll-free: 1-844-356-4608, Monday–Friday, 8 a.m.–5 p.m.