



Verification of Refrigerant Removal

Customer Name _____

Street Address _____

City, State and Zip _____

Type of Appliance _____

Check applicable box:

By signing this document, I confirm that the refrigerant HAS NOT been removed from the appliance I am disposing of, nor has the refrigerant system been tampered with in any way.

By signing this document, I confirm that the refrigerant HAS been removed from the appliance I am disposing in accordance with the standards listed in the U.S. EPA's regulations.

Name (Person/Company) who removed the refrigerant

Signature: _____ Date: _____

*Form must be turned in with registration form before items can be collected on the scheduled date. *

City of Delaware Public Works
440 E. William Street
Delaware, OH 43015
Phone: 740-203-1810