



## 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