## **Customer Participation Form**

## **Appliance Recycling** | 866.898.1901

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ATO#			

		Please writ	e legibly so we car	n process you	r rebate check.				
Event Date		Rebate (list qu	antity) ] Room A/C(s	(s) [ ] Dehumidifier(s) [ ] Mini Fridge					
Customer Name (associated with account)  Account N		Account Numb	umber Home		Home Phone Email				
Address				City		State	ZIP Code		
Payee Address (if different than address above)				Payee City		Payee State Payee ZIP Co.			
How did you hear about today's e	vent?								
Electric utility office Facebook			ook	Online news					
Utility company website Twitter			-	Repeat customer					
Search engine (Google/Bing) Television news			ion news	Friend/neighbor					
Email Newspaper			aper	Other:					
		To be filled	l out by a BGE Pro	ogram Repre	esentative				
Unit Type	Model		Brand		Type Det		Size/Amps		
Iltimore Gas and Electric has cor the terms and conditions listed		. Recycling to im	Terms & Con		cycling Program. To	participate, you m	ust sign this form agreeing		
ertify that I am an electric custor s ownership is free of liens, secu pliance(s) listed above and all wa	rity interests or oth	er encumbrance	s. I further certify that						
consideration of my program pa bcontractor(s) from any and all c					ric, ARCA Recycling	and their respective	ve employees and		
						Date:			



BGE Smart Energy Savers Program®

EmPOWER Maryland programs are funded by a charge on your energy bill.

EmPOWER programs can help you reduce your energy consumption and save you money.

To learn more about EmPOWER and how you can participate, go to BGESmartEnergy.com.

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