

Kalmar Township

RECYCLE REIMBURSEMENT FORM

Reimbursement for recycling of Appliances, Electronic waste and Tires

Name: _____

Address: _____

City, State, Zip Code: _____ Phone: _____

Please write a description of the items recycled for each applicable category:

Major appliances ----(Example: 1 washing machine, 1 dryer)

Major appliances containing Freon per item__(Example: 2 refrigerators)

Electronic waste __ (Example: 40 lb TV, 8 lb computer)

Tires - (Example: 4 car tires)

Amount of expenses submitted: \$ _____

Receipts showing type of item being recycled and the amount of the claim must accompany this form.

Receipts must be submitted to the Kalmar clerk by December 1st.