

SWEETWATER COUNTY SOLID WASTE DISPOSAL DISTRICT #1

DISPOSAL REQUEST FORM
REFRIGERATOR, CONDENSER, AC DISPOSAL

NAME: _____ DATE _____

Home Address: _____ City: _____

Telephone Number: _____

Type of Unit for Disposal: _____ Manufacturer: _____

Serial No. of Unit: _____

This unit originated at: _____ Above _____ Other Location

Did this unit originate at a location other than your dwelling? Explain: _____

Comment: _____

If refrigerant has been evacuated, please provide a copy of the appliance technician's certificate showing proof of performance.

NOTE: ONE non-commercial unit per dwelling, or other location per visit.
Commercial customers must have all units evacuated by a service technician and show a proof of performance certificate for each unit that is delivered for disposal.

Applicant Signature: _____

SCALEHOUSE PERSONNEL

Is the applicant a resident of SCSWDD#1? _____ Yes _____ No

SCSWDD #1 Employee Initials