

WOODSMOKE REDUCTION PROGRAM RECYCLER CERTIFICATION FORM



Name of Homeowner or Voucher Number_____

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For Completion by Recycler:

Date: _____

Make and Model # of Stove delivered for recycling:

I certify that this stove was delivered to:

Name of Recycler

and will be destroyed, rendered usable only as scrap, and recycled.

Printed Name: _____ Signature: _____