

Wood Stove Exchange Program Tracking Form 2016 season



Kootenay Boundary Regional District Kootenay Boundary

Please print clearly for accurate processing of your refund check.

Name of Applicant: _____

Street Address _____

City: _____ Rural Area (if applicable) : _____

Mailing Address (if different) _____

City _____ Prov : _____ Postal Code _____

Phone: _____ E-Mail _____

Old Appliance Model or type _____

Photo Included _____ or Submitted Via E Mail _____ (MANDATORY)

Old stove was taken to a Recycle Depot _____ landfill _____ or destroyed: _____

New Appliance Make & Model _____

Value \$ _____ Copy of invoice must be submitted with this form .

Signature of Witness of disposal: _____

Signature of Applicant _____ Date _____

Signature of Coordinator _____ Date _____

Submit to: John Vere
7400 Danshin Village Rd
Grand Forks BC V0H 1H5
Email= woodstove@telus.net