



Addendum for Incentive Payment to Renter (form Landlord/Homeowner/Property Manager) for Appliance Recycling

(This form is to be completed by the renter with the landlord's signature.)

situation:	recycling reward if all of the following criteria pertain to your
 Your landlord/homeowner/property manager is the landlord/homeowner/property manager information 	
As the renter , I understand that I must complete and submit th information can be found online at BGESmartEnergy.com).	nis form before being able to schedule my appliance pickup (eligibility
Renter Information (to be used on the rebate check):	
Name:	Phone:
Address:	
City:	Zip:
My signature below as the landlord/homeowner/property ma	anager at this residence authorizes BGE to issue the incentive payment
to my renter (as noted above) for the recycling of the eligible and Landlord/Homeowner/Property Manager Information:	ppliance(s) currently in the home.
to my renter (as noted above) for the recycling of the eligible ap Landlord/Homeowner/Property Manager Information: Name:	ppliance(s) currently in the home. Phone:
to my renter (as noted above) for the recycling of the eligible ap Landlord/Homeowner/Property Manager Information: Name: Address:	ppliance(s) currently in the home. Phone:
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to my renter (as noted above) for the recycling of the eligible ap Landlord/Homeowner/Property Manager Information: Name: Address: City:	Phone: Zip:
to my renter (as noted above) for the recycling of the eligible as Landlord/Homeowner/Property Manager Information: Name: Address: City: *BGE Electric Account #: *Check should be issued to the renter and associated with the landlord/home	Phone: Zip: Decowner's BGE account number for accounting purposes.
to my renter (as noted above) for the recycling of the eligible ap Landlord/Homeowner/Property Manager Information: Name: Address: City: *BGE Electric Account #: *Check should be issued to the renter and associated with the landlord/home	Phone: Phone: Zip: Zip: Decowner's BGE account number for accounting purposes Date:
to my renter (as noted above) for the recycling of the eligible ap Landlord/Homeowner/Property Manager Information: Name: Address: City: *BGE Electric Account #: *Check should be issued to the renter and associated with the landlord/hom Signature: am requesting to have the following appliance(s) re	Phone: Zip:

EmP WER MARYLAND