

REGIONAL DISTRICT OF CENTRAL KOOTENAY WOOD STOVE EXCHANGE PROGRAM APPLICATION

Name of applicant:				
Address (location of appliance): (Must be your main residence)				
Mailing address:				
City:	Province:		Postal Code:	
Phone:		Email:		
Electoral Area/Municipality of App	olicant:			
Old stove make and model/ year of (Old Stove must be non-EPA Certified to qu	of manufacture:			
New appliance make and model: _				
Type of new appliance:				
Wood Stove Gas	Stove	Pellet Stove		
Wood Insert Gas	s Insert	Pellet Insert	Electric Insert	
Invoice/receipt number:	Re	etail value of new app	liance: \$	
Name of Local Participating BC Ret	ailer:			
Purchase date:		Is your new stove EPA certified? 🗌 Yes 🔲 No		
Was your old stove destroyed & d	isposed of prope	erly at an RDCK facilit	y? 🗆 Yes 🗆 No	
Disposal Date:				
Have you included the following v	vith your applica	ation? (All items MUS	T be completed/ included):	
 Photo of old appliance (installer Photo of new appliance (installer 		Community Wood Stove Reduction Program Surver		
Receipt of new stove showing z owing (value must exceed reba		Disposal receipt from RDCK Resource Recovery Facility		
Signature of witness of disposal:			Date:	
Signature of retailer:			Date:	
Signature of applicant:			Date:	
RDCK Use Only				
Signature of Coordinator:				
Date Received:		Value of Grant: \$		