



Refrigerator Exchange Program Pre-Approval Application Form

This program is open to approved Lifeline and Low-Income customers. Only the primary refrigerator is eligible for replacement. **Please read complete eligibility requirements on the website side.**

Section #1 – Customer Information

City of Burbank Account# _____
Customer of Record Name: _____
Service Address: _____ Zip Code: _____
Daytime Phone #: _____

Section #2 – Primary Refrigerator Information

The age of my refrigerator is (please check one).
 Less than 9 years old 10 to 14 years old 15 to 20 years old Older than 20 years

Brand and Model Number (must be indicated):

Refrigerator Make: _____ Refrigerator Model # _____

Please select one:

- I am a BWP customer, live at above address, and own the refrigerator.
- I am a landlord or property owner and own the refrigerator at the above address.

I am applying for BWP’s Refrigerator Exchange Program. I understand the eligibility guidelines listed on the reverse side. The information provided in this application is true and correct. I understand that providing incorrect information or misrepresenting information can result in disqualification from this program. BWP reserves the right to invoke this provision at its discretion.

Customer signature: _____ Date: _____

Section #3 – Landlord or property owner who owns the refrigerator at the Lifeline /Low-Income service address:

Please make a check payable to the **City of Burbank** in the amount of \$200 and attach it with this application. Upon final approval the check will be processed, otherwise it will be mailed back to you at the address below.

Landlord/ Property Owner Name: _____
Landlord Residence Address: _____ Zip Code: _____
Daytime Phone #: _____
Burbank Property Service address: _____ Zip Code: _____

I certify that I am the property owner for the address listed in Section #1 and my signature on this form will signify a written consent to participate in BWP’s Refrigerator Exchange program. Furthermore, I agree to pay a \$200 refrigerator payment to the City of Burbank, and keep the refrigerator provided in service for at least three years at this address.

Property owner signature: _____ Date: _____