



**Town of Mammoth Lakes**

**WOODSMOKE REDUCTION PROGRAM**

**DISPOSITION CERTIFICATION FORM**

Name of Homeowner and Voucher Number \_\_\_\_\_

**For Completion by Recycler:**

Date: \_\_\_\_\_

Make and Model # of Stove delivered for recycling:

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I certify that this stove was delivered to:

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Name of Recycler

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

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

-OR-

**For Completion by Installer:**

Date: \_\_\_\_\_

\_\_\_\_ I certify that the open fireplace being used as a primary source of heat has been replaced by an insert and therefore no old appliance is able to be recycled.

\_\_\_\_ I certify that the open fireplace being used as a primary heat source has been replaced by a free-standing eligible appliance, and the fireplace has been rendered permanently inoperable.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_