



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 Applicant: _____

Old stove make and model/ year of manufacture: _____

New appliance make and model: _____

Type of new appliance:

- | | | | |
|--------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Wood Stove | <input type="checkbox"/> Gas Stove | <input type="checkbox"/> Pellet Stove | |
| <input type="checkbox"/> Wood Insert | <input type="checkbox"/> Gas Insert | <input type="checkbox"/> Pellet Insert | <input type="checkbox"/> Electric Insert |

Invoice/receipt number: _____ Retail value of new appliance: \$ _____

Name of BC retailer: _____

Purchase date: _____ Is your new stove EPA certified? Yes No

Was your old stove destroyed & disposed of properly at an RDCK facility? Yes No

Disposal Date: _____

Have you included the following with your application? (All items MUST be completed/ included):

- | | |
|---|--|
| <input type="checkbox"/> Photo of old appliance (installed) | <input type="checkbox"/> Photo of new appliance (installed) |
| <input type="checkbox"/> Receipt of new stove | <input type="checkbox"/> 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: _____

Date Received: _____ Value of Grant: \$ _____