



AFFIDAVIT

I, _____, living at the address of _____
Full Legal Name *Street Address, City*

_____, certify that I have destroyed or disposed of _____
State/Province, Zip/Postal Code *Number of units*

power unit(s) bearing the part numbers _____
Part Number

on the date of _____ and I am entitled to receive a free replacement(s) as
Month Day, Year

part of the Sterno Home 2020 Power Unit Recall.

Signature

Date