



**ATAC**

# New Jersey's Assistive Device Recycling Exchange Program

Personal information is used for internal purposes only and will not be shared, sold, or otherwise distributed. Highlighted areas on both pages MUST be completed in order for us to post on our website!

FIRST NAME:

LAST NAME:

ORGANIZATION NAME:

ADDRESS:

ADDRESS LINE 2:

ZIP:

CITY: STATE:

EMAIL \*:

\*required to receive email communication from the system (e.g. password reminders, etc.)

PHONE:

TTY:

FAX:

- If you select Email - Your email address will not be listed on the website. Web users will email you through an online form.
- If you select Phone, include with listing - Your phone number will be displayed online with your item.
- If you select Phone, do not include with listing - Program office staff will serve as the point of contact for inquiries related to your item and will contact you via your choice below.
- Note: If you chose email as your preferred method of contact, please add the email address [BackInAction@dmj.org](mailto:BackInAction@dmj.org) to your email safe list. This will ensure that messages sent to you through our system will be delivered to your inbox.

I prefer system users contact me about my listing(s) by:

- Email
- Phone
- Either email or phone

I prefer Program Office Staff contact me by:

- Email
- Phone
- Either email or phone

For more information call 1-800-922-7233 or e-mail: [BackInAction@drnj.org](mailto:BackInAction@drnj.org)

<http://BackInAction.drnj.org>

**LISTING DETAILS**

1. Short Name of your item (e.g. "Bath Chair" or "Walker")

2. Description (e.g. color or special features):

3. Listing Type:       For Free       For Sale       Best Offer       For Loan

4. Listing Price:      \$ \_\_\_\_\_ (enter 0 for free or loan)

5. Would you accept the best offer if you can't get your price?  Yes       No/Not Applicable

6. Original purchase price (MSRP): \$

7. Manufacturer or Brand (e.g. Make/Model) if applicable:

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8. Age of intended user, if applicable     Not applicable       Adult       Child

9. Condition:     Never Used       Excellent       Very Good  
                   Very Good       OK       Damaged

10. Do you wish to limit the availability of this equipment in any way? (e.g., State agencies may wish to limit item availability to only clients of that agency.)

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11. Other Special Instructions (e.g. Shipping Information, etc.):

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**Send completed forms to one of the following:**

Fax: 609-777-0187 (Attn: BACK IN ACTION)

Mail: BACK IN ACTION  
c/o ATAC of DRNJ  
210 South Broad Street, 3rd Floor  
Trenton, NJ 08608  
Email [BackInAction@drni.org](mailto:BackInAction@drni.org)  
(subject NEW LISTING)

For more information call 1-800-922-7233 or e-mail: [BackInAction@drni.org](mailto:BackInAction@drni.org)  
<http://BackInAction.drni.org>