## **Owner's Permission to Weatherize** Agency Name: \_\_\_\_\_ Client Name: \_\_\_\_\_ Weatherization Measures to be installed: Replacement of the Heating System Carbon Monoxide / Smoke Detector and/or Hot Water Heater Heating System Service and/or Repairs Faucet Aerator and Low-Flow Shower Repair and/or Seal Heating Distribution Weatherstrip doors and/or Door sweeps System Attic Insulation up to R-38 value Florescent Light Bulbs/LED lights Wall Insulation Gutter & Down Spout Repair and/or Replace Floor Insulation Window Replacement Blower-Door Guided Air Sealing Door Replacement Hot Water Tank Insulation and Pipe Other: Insulation Replace Refrigerator \_\_\_\_\_ cu. ft. I \_\_\_\_\_\_, authorize \_\_\_\_\_\_(Agency Name) to install or sub-contract the installation of weatherization measures listed above to my property located at I further certify that the house or building at the above location is not in foreclosure or scheduled for demolition within the 12 months from the date of weatherization.

Date

(Signature of Owner or Authorized Agent)