

# COMFORT PARTNERS / WEATHERIZATION ASSISTANCE PROGRAM PARTNERSHIP

## JOB COMPLETION FORM

### CUSTOMER INFORMATION

Name (Last, First):	
Address:	
City:	Phone:

I \_\_\_\_\_ (CUSTOMER NAME) AUTHORIZE THAT \_\_\_\_\_  
(CP CONTRACTOR) AND \_\_\_\_\_ (WAP AGENCY) PERFORMED ALL PROGRAM  
WORK TO MY SATISFACTION. I UNDERSTAND THAT IF ANY ISSUES ARISE, I SHOULD CONTACT THE PARTNERSHIP LEAD ON MY  
PROJECT; INDICATED IN THE TABLE BELOW.

Customer Signature:	Date:
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### PROGRAM INFORMATION

CP Contractor:	WAP Agency:
CP Contractor Phone #:	WAP Agency Phone #:
CP Job #:	WAP Job #:
Partnership Lead (program):	

CP Representative(s) Signature:	Date:
WAP Representative(s) Signature:	Date: