

# COMFORT PARTNERS / WEATHERIZATION ASSISTANCE PROGRAM PARTNERSHIP

## JOB CLOSURE FORM

### CUSTOMER INFORMATION

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

### PROGRAM INFORMATION

CP Contractor:	WAP Agency:
CP Job #:	WAP Job #:
Electric Utility Representative:	Gas Utility Representative:
WAP Monitor:	Partnership Lead (program):
Joint Audit Date:	Final Job Completion Date:

### MAJOR BARRIERS ADDRESSED

'X'

### NOTES

Roof		
Electrical		
Mold / Moisture		
Asbestos		
Plumbing		
Heating / Cooling / DHW Equipment		
Chimney		
Other		

### BLOWER DOOR INFORMATION

Pre Blower Door Reading:	Post Blower Door Reading:
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### PROJECT COSTS

\$

CP Total Health & Safety Cost	\$
CP Total Weatherization Cost	\$
WAP Total Health & Safety Cost	\$
WAP Total Weatherization Cost	\$