COMFORT PARTNERS / WEATHERIZATION ASSISTANCE PROGRAM PARTNERSHIP

JOB COMPLETION FORM

CUSTOMER INFORMATION Name (Last, First): Address: City: Phone: _____ (CUSTOMER NAME) AUTHORIZE THAT ___ (WAP AGENCY) PERFORMED ALL PROGRAM (CP CONTRACTOR) AND _____ 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: PROGRAM INFORMATION WAP Agency: CP Contractor: WAP Agency Phone #: CP Contractor Phone #: WAP Job #: CP Job #: Partnership Lead (program): CP Representative(s) Signature: Date: WAP Representative(s) Signature: Date: