

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

MAJOR BARRIERS ADDRESSED	'X'	NOTES
Roof	<input type="checkbox"/>	
Electrical	<input type="checkbox"/>	
Mold / Moisture	<input type="checkbox"/>	
Asbestos	<input type="checkbox"/>	
Plumbing	<input type="checkbox"/>	
Heating / Cooling / DHW Equipment	<input type="checkbox"/>	
Chimney	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

BLOWER DOOR INFORMATION

Pre Blower Door Reading:	Post Blower Door Reading:
--------------------------	---------------------------

PROJECT COSTS

\$

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