Weatherization Deferral Form

_____

Project Number and Energy Audit Date

_____

Client Name

_____

Address

_____

City & Zip Code

_____

Home or Message Phone Work Phone

Deferral of weatherization work on the above home is based on the following condition(s):

_____
_____
_____
_____
_____

Recommended measures for remedying the existing condition(s) are as follows:

_____
_____
_____
_____
_____
_____

I certify that the above information is complete and accurate.

_____

Signature of Agency Representative Date

Client Information: I understand weatherization work has been deferred on my home for the above reasons. I understand the conditions under which weatherization work may continue. I understand I must contact the weatherization agency within 12 months of original application date if conditions have changed and that these changes may allow work to resume. I understand if I contact the weatherization agency more than 12 months after the original application date I will need to reapply for weatherization services.

_____

Client Signature Date