CLIENT PARTICIPATION FORM

Client name: ___________________________  Client ID# ___________________________

CLIENT PREPARATION
I will complete the activities below PRIOR to any work being done on my home and acknowledge that NOT completing these items may result in denial of weatherization work.

1. Remove all items in the following areas before WX work begins:
   - attic(s)
   - crawlspaces
   - items stored on the garage common wall
   - all items stored in closets with attic hatches

2. Move all items at least 3 feet away from walls, rim joists, (duct work, mech systems, appliances)

3. Move pictures and shelves from the following areas:

4. The client assumes responsibility for cleaning up minor amounts of dust after the weatherization work is completed.

5. Keep pets kenneled or leashed while the weatherization work is being completed.

6. Other: ___________________________

CLIENT EDUCATION
I understand that completing and following the items listed below will result in energy savings, may increase the overall health and safety of the occupants of this house, and will maintain the life expectancy and performance of the equipment installed or work completed.

1. Complete a clean and tune for the heating plant once every 1, 2, 3 year(s). (circle appropriate year)

2. Change the furnace filter monthly.

3. Use CFL or LED bulbs after the work has been completed.

4. Keep the refrigerator coils clean (vacuum or brush the coils in the spring and the fall).

5. Replace the batteries in the Smoke and CO alarms once a year or when they are beeping.

6. Replace CO and Smoke alarms every 5 years.

7. Do not alter or plug the combustion air duct.

8. Use exhaust fans after each shower for at least 30 minutes.

9. Clean the lint out of the clothes dryer’s lint trap after every load. Clean out the vent hood as needed.

10. Recommended water heater temperature is 120 degrees.

11. Set the thermostat to the following temperature: Day _______ Night _______

12. Other: ___________________________

Client Signature (required) ___________________________  Date ___________________________

Service Provider Signature (required) ___________________________  Date ___________________________