

CLIENT REFUSAL OF WORK FORM

Client name: _____

Client ID# _____

I do not want the work listed above to be completed on my home. I understand that by refusing an energy conservation or health and safety measure that I may be lowering the amount of energy saved in my home. I also understand that I may be putting myself or others in my home at risk to potential safety problems.

I understand that by refusing the work listed above it may affect the overall cost effectiveness of the weatherization work.

I understand that refusing this work may result in no work being completed on my home.

Client Signature (required)

Date

Service Provider Representative Signature (required)

Date