

STANDALONE SERVICE AGREEMENT & COMPLETION CERTIFICATE

This is an agreement between _____ and _____
(Service Provider) (Client)

Client Address _____ Client ID# _____

The Service Provider shall provide services included below to address a health & safety-related repair or replacement **AT NO COST TO THE CLIENT.**

- | | |
|--|--|
| <ul style="list-style-type: none"> 1. Heating plant repair 2. Heating plant replacement 3. Water heater repair 4. Water heater replacement | <ul style="list-style-type: none"> 5. Other: _____ 6. Other: _____ |
|--|--|

I understand the mechanical work to be completed on my home. Any changes to the list above will be communicated to me by the Service Provider.

I understand the weatherization program may require multiple visits to my home and I agree to provide access to all auditors, contractors and/or crews and inspectors as necessary. I understand that by signing this agreement that I must provide representatives of the Service Provider and representatives of its funding sources, including the Minnesota Department of Commerce, access to the dwelling unit(s) to inspect the work performed under this agreement for a period of one year from completion of the work.

 Client Consent (required) Date

 Documentation of call - Client Consent (Alternate to signature; List client and caller names) Date

 Service Provider Representative Signature (required) Date

Contractor: I certify that the work described above is complete. All work conforms to all standards and codes that apply. All work meets the agreements between this firm and the Weatherization Assistance Program provider. All the work performed by this firm is subject to and follows manufacturer and contractor warranties. Warranty information for any materials installed has been provided to the client.

Mechanical Testing Documentation

Ambient CO (Living Space)	Ambient CO (Mech Room)	In Flue CO	Gas Leaks Present? (Test fuel pipes affected by completed work)?	Gas Pressure Test
			Yes No	

 Contractor Name Contractor Signature (required) Date

Client: I certify that the contractor has completed the repair, replacement or other work listed above and/or on the work order.

 Client Signature (required) Date

Service Provider, when required: I have verified that all of the standalone work listed above and/or on the work order has been completed in a professional manner. Unless otherwise noted, the labor and material warranty is for one year from the date of completion.

 Service Provider Representative Signature (required for any jobs over \$ _____) Date