



CONNECTICUT WEATHERIZATION PROGRAM

Notice of Postponement of Services

During an audit by a Connecticut Weatherization Provider, _____

Phone # _____, the following Health and Safety problems were discovered:

Because these problem(s) will prevent us from starting our weatherization work, we have outlined the following required actions. Any help that we can provide will be clearly stated.

The problems listed above do not exclude you from receiving the benefits of the weatherization program. If the above problems can be rectified within sixty (60) days, you will still be eligible for services provided by the Weatherization Program. It will be your responsibility to notify the Provider within the timeframe mentioned above, in writing, that the problem(s) outlined have been eliminated unless the Provider has taken the responsibility for resolving them.

I clearly understand that the condition(s) and problem(s) outlined above prevent my home from being weatherized. I also clearly understand the responsibilities of all parties involved, including my responsibilities and required actions. By signing this document, I understand that I am not giving up my rights to benefits provided by the Weatherization Program, but it is in the best interest of all parties involved that weatherization work cannot take place until the problem(s) are resolved.

Signed: _____ Date: _____

Provider's Name: _____ Representative: _____ Date: _____