

## State of Nebraska Weatherization Assistance Program

## **Completion Service Statement**

	FOI	RM	
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		Compi		, vice	Otati	JIII GIIL		
ncy: BVCAP	□CAPLSC	□CAPMN	□CNCAP	□HFF	Ю	□NENCAP	□NWCAP	□SENC
t Name:						Job Number:		
ess:					City:		Phone Number	:
tractor:				Crew:				
		но	MEOWNER/TE	TO THAIR	ATEMENT			
		но	WEOWNER/IE	NANI SI	AIEMENI			
	ertify that I am t ation measures			ouse or a	apartmen	t, and that the	property neede	ed the
	ertify that the wo e) installed on th							st of my
	nd that I have n enforceable de			r the mat	erials us	ed in weatheriz	ing my dwellin	g and that
			CLIENT (	OMMENT	s			
	ed with weather	ization work co	•	□ Yes	□ No			
	le satisfactory?	- m. ()		□ Yes	□No			
	ttitude satisfacto noxide detector			☐ Yes	□ No □ No			
	talled		in my nome.	□ 162				
Household M	lember Name: _					Date:		
	d, and that the N and Energy wil							ment of
Commonto.								
		ZARDOUS MAT						
	sified as "hazardous" if the ourse of the weatherizati							erials gener-
The fo	ollowing hazardous	wastes issues/iter	ns were address	ed during w	veatherizati	on of your home:		
ПА	sbestos - ACM	Product <sup>.</sup>						
	ead Based Pain							
	lercury Containi							
	lercury Containi	•	•					
	tanding Fuel Oi	· ·	<u>.</u>					
	CB Light Ballas							
	efrigerants							
	ther:							
	vu 161							
			SIGN	ATURE				
I hereby certify that I	have informed the above	-named client the haza			ve have been p	properly disposed of.		
Sign Here Weath	asimatian December 1 11						•-	
⊓ t i t ► Weath	erization Representative					Da	ıe	

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.

## **SIGNATURES**

Sign Here Owner/1		
Here Owner/1	enant Signature	Date
Sign Here Owner/T		
Here Owner/T	enant Signature	Date