

# Vermont's Weatherization Program

## Permission To Enter The Premises

Owner's name	Owner's mailing address
--------------	-------------------------

Dear owner of \_\_\_\_\_  
 Address of dwelling to be weatherized

\_\_\_\_\_ has applied for weatherization services for the dwelling listed above.

Since your name appears on the document the applicant used to prove ownership:

1. You are considered to have an ownership interest in this property
2. We require your signed permission to enter the premises before we can provide services

**OWNER'S PERMISSION TO ENTER THE PREMISES LISTED ABOVE**

- I **authorize** representatives of the local weatherization office to enter the dwelling listed above for the purpose of providing weatherization services.
- I **do not authorize** representatives of the local weatherization office to enter the dwelling listed above for the purpose of providing weatherization services.

\_\_\_\_\_  
 Co-owner's Signature

\_\_\_\_\_  
 Date

**Please submit to:**

Champlain Valley Weatherization Service  
 136 Jimmo Drive, Suite 3, Colchester, VT  
 05446 Local: (802) 891-9697 (316)  
 Toll free: 1-800-545-1084 (X316)  
 Fax: (802) 891-9903



**VERMONT'S  
 WEATHERIZATION  
 PROGRAM**