

AGENCY' NAME
CLIENT RESPONSE FORM

In your estimation, the quality of the work done on your home was:

- | | | |
|-------------------|--------------------------|---------------|
| 1. Excellent | <input type="checkbox"/> | Comment _____ |
| 2. Good | <input type="checkbox"/> | _____ |
| 3. Fair | <input type="checkbox"/> | _____ |
| 4. Unsatisfactory | <input type="checkbox"/> | _____ |
-

The conduct of the Weatherization personnel who visited your home was:

- | | | |
|-------------------|--------------------------|---------------|
| 1. Excellent | <input type="checkbox"/> | Comment _____ |
| 2. Good | <input type="checkbox"/> | _____ |
| 3. Fair | <input type="checkbox"/> | _____ |
| 4. Unsatisfactory | <input type="checkbox"/> | _____ |
-

Did you receive the following pamphlets?

- | | Yes | No |
|---|--------------------------|--------------------------|
| "A Brief Guide to Mold, Moisture, and Your Home" | <input type="checkbox"/> | <input type="checkbox"/> |
| "The Lead-Safe Certified Guide to Renovate Right" | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |
-

Did you receive instructions on how the following will reduce your energy costs?

- | | Yes | No |
|--------------------------------------|--------------------------|--------------------------|
| Hot Water Heater (settings) | <input type="checkbox"/> | <input type="checkbox"/> |
| Smart Thermostat (settings) | <input type="checkbox"/> | <input type="checkbox"/> |
| Thermostat (settings) | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerator (settings) | <input type="checkbox"/> | <input type="checkbox"/> |
| Furnace Filter (monthly replacement) | <input type="checkbox"/> | <input type="checkbox"/> |
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Did you receive manufacturer's instructions for any of the following installed equipment?

- | Yes | No | Yes | No |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Smoke Alarm | <input type="checkbox"/> | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> | <input type="checkbox"/> Carbon Monoxide Alarm | <input type="checkbox"/> | <input type="checkbox"/> Exhaust Fan(s) |
| <input type="checkbox"/> | <input type="checkbox"/> Space Heater | <input type="checkbox"/> | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> | <input type="checkbox"/> Furnace | <input type="checkbox"/> | <input type="checkbox"/> Other _____ |
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Agency Representative Signature

Date

Client Signature

Date