Client Refrigeration Appliance Agreement

Iowa Weatherization Program

Vendor Name:	_____	Client Name:	_____
Contact Name:	_____	File Number:	_____
Address:	_____	Address:	_____
City, State, Zip:	_____	City, Zip:	_____
Phone:	_____	Phone:	_____

The Iowa Weatherization Assistance Program will provide you with new refrigeration appliances in exchange for low efficiency refrigeration appliances that are currently in service in your house. The appliances to be removed must meet certain requirements for energy consumption, and will be metered by the evaluator prior to offering new appliance(s). Your old appliance(s) will be removed from your home and disposed of. The new appliance(s) will be provided at no charge. You will be responsible for removing all food items from your old appliance(s) and transferring them to the new appliance(s).

The evaluator is responsible for assuring the replacement appliance will fit into the space available and will be delivered with the door hinged on the proper side.

Appliances to be installed by the Weatherization Assistance Program:

	Appliance 1		Appliance 2		Appliance 3	
Contract ID:						
Type:	☐ Refrigerator ☐ Freezer		☐ Refrigerator ☐ Freezer		☐ Refrigerator ☐ Freezer	
Brand:						
Energy Rating:						
	Annual kWh Usage (Old)	BART Repl Rating (New)	Annual kWh Usage (Old)	BART Repl Rating (New)	Annual kWh Usage (Old)	BART Repl Rating (New)
Model:						
Size (cu ft):						
Color:						
Door Hinge:	☐ Left ☐ Right		☐ Left ☐ Right		☐ Left ☐ Right	
Defrost:	☐Auto ☐Partial Auto ☐Manual		☐Auto ☐Partial Auto ☐Manual		☐Auto ☐Partial Auto ☐Manual	
Ice Maker:	☐ Inside ☐ Door ☐ None		☐ Inside ☐ Door ☐ None		☐ Inside ☐ Door ☐ None	

Appliances owned by the client:

Will Remain	To Be Removed	To Be Replaced	Description	Location	Metering Duration	Meter Reading
☐	☐	☐				
☐	☐	☐				
☐	☐	☐				

Please sign below to acknowledge this agreement:

☐ I *accept* the Weatherization Program's offer to replace and remove the above appliance(s).

☐ I *refuse* the Weatherization Program's offer to replace and remove the above appliance(s).

Reset Form

Client Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

Original – Agency File *(when applicable)*
Copy – Vendor *(when applicable)*
Copy – Client *(when applicable)*

9/4/08