



Suzanne Malec-McKenna,  
Commissioner

# Installation Confirmation

## Low-Cost Weatherization and Education Program

### Chicago Department of Environment

Richard M. Daley,  
Mayor



Name: \_\_\_\_\_ Street address: \_\_\_\_\_ Zip: \_\_\_\_\_ I:  rent  own  
 E-mail: \_\_\_\_\_  Yes, please e-mail me with additional ideas for weatherization and energy efficiency in my home.  
 Signature (confirming installation of kit components checked below): \_\_\_\_\_ Date: \_\_\_\_\_

*Note: We will not share your contact information with anyone; it is only for our records.*

Please check the following boxes regarding your experience with your weatherization kit.

Kit Contents	Did you install this item?			Was this item useful?		Was this item easy to use?		
	Yes	No	Not yet, but I plan to.	Yes	No	Yes	No	I don't know.
Bulb weatherstrip								
Caulk and caulk gun								
Clear poly tape								
Foam rod (flexible)								
V-section weatherstrip								
Window kit (plastic and tape)								
Compact fluorescent lightbulb								
	<i>If yes, how many?</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2			<i>What was the wattage of the bulb(s) replaced (check all that apply)?</i> <input type="checkbox"/> 40 <input type="checkbox"/> 60 <input type="checkbox"/> 75 <input type="checkbox"/> 100				

Please indicate if you have taken any further actions regarding home energy efficiency. Did you...

- |   |   |
|---|---|
| <input type="checkbox"/> ...talk to friends, family, or neighbors about weatherization and/or this program?<br><input type="checkbox"/> ...read more about weatherization/energy efficiency?<br><input type="checkbox"/> ...look on-line to learn more? | <input type="checkbox"/> ...order a full-scale home energy audit?<br><input type="checkbox"/> ...buy additional weatherization materials?<br><input type="checkbox"/> ...look at the Chicago Climate Action Plan on-line?<br><input type="checkbox"/> ...apply for rebates, incentives, or assistance programs? |
|---|---|

Comments (e.g., recommendations for next year's program, further descriptions of actions you have taken, lingering questions):

*Please install your kit and return this form by \_\_\_ / \_\_\_ / 20\_\_\_  
to your weatherization coordinator (information below):*

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_