

City of Elizabeth City

ATTIC INSULATION REBATE APPLICATION

Property Address: _____

Date attic insulation was added: _____

Attic sq. footage: _____ Number of bags or rolls of insulation used: _____

PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

City, State & Zip: _____

Phone Number: _____

As the subject property owner, the undersigned hereby certifies that insulation has been added and/or installed in the attic to a minimum R value of 30, after November 28, 2005 in accordance with the rebate requirements.

Signature/Title

Date

.....
OFFICE USE

Insulation Permit #

Inspected by

Approved by

Date

.....
FINANCE USE

Received Stamp

Keyed Stamp

Vendor Number	Request Date
Due Date	Comments
Account Number	Amount
308400.5240	\$250.00
Approval by Finance Director	