## **Fuel Switching Request**

Iowa Weatherization Assistance Program

This form should be used when requesting approval to switch fuel sources in a dwelling. By sending this request, the agency is certifying the client agrees to the fuel switch and has signed a statement from the agency confirming the agreement. If the switch is due to health and safety and results in converting to a higher cost fuel, the agency has explained this to the client. Agency Name:\_\_\_\_\_ Date:\_\_\_\_\_ Agency Contact Person: Phone: Client Name: \_\_\_\_\_ File Number: \_\_\_\_\_ Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_ Phone Number:\_\_\_\_\_ Appliance Reason for Fuel Switch Fuel Type/Costs (one request per appliance) Cost-Effectiveness Current Fuel Type: Furnace Water Heater Health & Safety Proposed Fuel Type: Estimated Additional Cost to Switch Fuel: <u>Reason for fuel switch</u> (approval will not be given without an explanation):

WAP Review				
WAP Approval:	Yes	No	Date:	
Reviewed By:				
Notes:				
Please keep a copy in the client house file				