

INSULATION

CERTIFICATE

PROJECT INFORMATION

INSTALLATION ADDRESS	DATE OF INSTALLATION
CONTRACTOR NAME	CONTRACTOR PHONE (with area code)
CONTRACTOR REPRESENTATIVE	
CONTRACTOR ADDRESS	CITY / STATE / ZIP CODE

ATTIC

1. ESTIMATED R-VALUE OF BEGINNING INSULATION LEVEL: _____
2. R-VALUE ADDED (DEPTH & TYPE OF INSULATION): _____
3. NUMBER OF BAGS USED: _____
4. FINAL R-VALUE OF INSULATION: _____
5. TOTAL AREA (SQ FT OF SPACE INSULATED): _____
6. NUMBER OF RECESSED LIGHTS TINNED: _____
7. BATH FANS VENTED OUT: YES NO If Yes, Number: _____
8. KITCHEN FANS VENTED OUT: YES NO If Yes, Number: _____
9. VENTING ADDED: YES NO
 If Yes, Number & Size: _____
10. INSULATED AREA IS VENTED TO: 1-300 1-150

WALLS

1. R-VALUE ADDED (WALL DEPTH & TYPE OF INSULATION): _____
2. TOTAL AREA (SQ FT OF SPACE INSULATED): _____
3. NUMBER OF BAGS USED: _____
4. AREAS NOT INSULATED: YES NO
 If Yes, WHICH AREAS AND REASON (e.g., existing insulation, water pipes, heaters, etc.): _____

FLOOR

1. ESTIMATED R-VALUE OF BEGINNING INSULATION LEVEL: _____
2. R-VALUE ADDED (DEPTH & TYPE OF INSULATION): _____
3. FINAL R-VALUE OF INSULATION: _____
4. TOTAL AREA (SQ FT OF SPACE INSULATED): _____
5. TYPE AND SPACING OF SUPPORT: _____
6. CLOTHES DRYER VENTED TO EXTERIOR: YES NO If Yes, Number: _____
7. KITCHEN FAN VENTED OUT: YES NO If Yes, Number: _____
8. VENTING ADDED: YES NO
If Yes, Number & Size: _____
9. INSULATED AREA IS VENTED TO: 1-300 1-150

KNOB AND TUBE SURVEY REPORT

1. REQUIRED: YES NO If Yes, ATTACH A COPY OF THE REPORT (form 1144)

WATER PIPES

1. LINEAL FEET OF WATER PIPE INSULATED (both hot and cold): _____
2. R-VALUE AND TYPE OF MATERIAL USED: _____

Please submit this completed form with completed rebate application electronically to:

ce@snopud.com

OR mail to:

Residential Energy Services (E2), Snohomish County PUD
PO Box 1107, Everett WA 98206-1107