

**WOODSMOKE REDUCTION PROGRAM
Payment Request Form for
Pending HCD Permit Inspections**



Voucher Recipient or Voucher Number: _____

I agree that payment can be issued under the following conditions:

The installation of the EPA certified device has been completed. (please initial) _____ Yes

The final HCD permit inspection is expected to be delayed by at least two weeks. (please initial). _____ Yes

The Retailer will correct any deficiencies associated with the installation that would prevent the HCD inspectors from approving the project - without further compensation from the District.

(please initial) _____ Yes

Business Name: _____

Signature: _____ Date: _____

Printed Name: _____