
WEATHERIZATION REFERRAL

Gas Utility: _____

Name on Account _____ Referral Date _____

Address _____

Gas Utility Account Number _____

I am interested in hearing more about weatherization assistance through _____. I request that Duquesne Light provide my name, address and account number to _____ for follow up.

(Signature of Authorized adult)

(please print name of signature)

WEATHERIZATION REFERRAL

Gas Utility: _____

Name on Account _____ Referral Date _____

Address _____

Gas Utility Account Number _____

I am interested in hearing more about weatherization assistance through _____. I request that Duquesne Light provide my name, address and account number to _____ for follow up.

(Signature of Authorized adult)

(please print name of signature)
