

COLUMBIA WEATHERIZATION PROGRAM LANDLORD AGREEMENT

RELEASE OF ALL CLAIMS AND AUTHORIZATION TO USE DATA

I, the owner of the property at the address listed below, understand that the purpose of the Columbia Weatherization Program is to benefit low income families, and that my tenants have applied to participate in the program. I hereby authorize the property at the address listed below to be weatherized as part of this program. In consideration of the receipt and installation of weatherization materials, I, the property owner do Gas hereby release, acquit and forever discharge Columbia of Pennsylvania, (CBO), their officers, agents, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against Columbia Gas of Pennsylvania, Inc. or their officers, agents, employees, successors, and assigns, on account of, or in any way growing out of the weatherization materials provided, as well as the installation and use thereof. I further agree that the rent at the address below shall not be increased, nor the tenants residing at said address evicted, during the twelve month period immediately following the completion of said weatherization work by Columbia Gas of Pennsylvania, Inc.; provided that the tenants comply with their ongoing obligations and responsibilities as provided by law. I acknowledge that Columbia Gas of Pennsylvania, Inc., ______ (CBO), and their contractors DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESS, INCLUDING ANY WARRANTIES OR MERCHANTIBILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION. I also acknowledge that any energy savings projected by Columbia Gas of Pennsylvania, Inc., contractors as a result of the installation of weatherization materials are only an estimate. I authorize Columbia Gas of Pennsylvania, Inc. to release to its designees information about my account at the address below and about weatherization materials installed on the property at the address below. Date: Property Owner's Signature Address of Rental Property Tenant(s) Account Number City, State, Zip Code Distribution: Original - CPA Duplicate - Provider

Triplicate - Landlord (Please sign all copies)