

Sheet ____ of ____

Weatherization

Program (office): _____

Program Coordinator: _____

phone: _____



Mercury Thermostat Log Sheet

	Date Removed	Person Performing Job	Location: (address and city)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

This section to be completed when
all t-stats are turned over to State
Housing Program representative

Total T-Stats Received: _____

Date Received: _____

Received By: _____