



Main Office
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Toll free: (800) 782-1063

Eau Claire Office
418 Wisconsin Street
P.O. Box 540
Eau Claire, WI 54702
(715) 836-7511
www.WesternDairyland.org

Complete this portion and return the form to Western Dairyland EOC, Inc

Wiswap Bldg # _____

Job# _____

Name(s) _____

Street Address _____ City _____ Zip _____

County _____

Telephone #'s: Home _____ Work _____
Cell _____ Alternate _____

Own _____ Rent _____ If renter, number of units in building _____

If you own, provide copies of documents that verify your ownership (such as a tax bill, deed, or title).

Is your house a one story _____ or two story _____? (check one)

If renter, provide Landlord's contact info:

Landlord/Owner _____

Street Address _____ City _____ Zip Code _____

Phone # _____ / _____

Fax _____

I certify, that the information on this application and given in connection with it is a true statement to my best knowledge. I have read and understand the statements on this application and agree to participate in the Weatherization program.

Applicant's
Signature _____ Date _____