



ORILLIA CITY CENTRE
50 ANDREW ST. S., SUITE 300
ORILLIA, ON.
L3V 7T5

OIL HEATING INCENTIVE PROGRAM APPLICATION

TELEPHONE
(705) 325-2227
FACSIMILE
(705) 329-2670

Applicant Contact Information

Name(s): _____

Mailing Address: _____ Town: _____

Postal Code: _____ Email: _____

Telephone: (Home) _____ (Work) _____ (Fax) _____

Are you the landowner? If no, please explain: _____

General Property Information

Street & Street Number: _____

Property Tax Roll Number: _____

House Style: (Bungalow, Side/Back Split, 2-Story) Age: _____

Existing Furnace: (Forced Air/Radiators) Age: _____

Proposed Replacement Brand: _____ Model: _____

Contractor (Installation & Removal): _____ Phone: _____

Description of Work to be Done: _____

Estimated Total Cost: _____

To the best of my knowledge, the informaton contained herein is accurate. I have read, understood and agree to the terms of funding assistance for the Oil Heating Incentive Program.

Signature of Owner: _____ Date: _____

Date Received: _____ Reviewed by: _____

Amount Requested: _____ Date Application Approved: _____

Date Completed: _____ Total of Invoices (Paid in full) Submitted: _____