



Weatherization and Heating Program

**Request for Cancellation of Issued Energy Services
Authorization (ESA)**

Contractor _____ Date _____

Owner of Building _____ File # _____

Address of Building _____

ESA Agreement # _____ Date Issued _____

Reason(s) for cancellation:

Signature of Contractor's Authorized Representative _____ Date _____

Signature of Building Owner (Optional) _____ Date _____

PLEASE RETURN THIS FORM AND COPY OF ESA TO:

EMAIL: CE@SNOPUD.COM

MAIL: SNOHOMISH COUNTY PUD
ATTN: RESIDENTIAL AND SMALL COMMERCIAL
PO BOX 1107
EVERETT, WA 98206

Please call our Energy Hotline at (425)783-1700 (Monday through Friday, 8 am to 5 pm) if you have any questions.