



FINANCIAL ASSISTANCE PROGRAM FOR THE REPLACEMENT OF WOOD BURNING APPLIANCES

File Number

DORVAL

Subsidy Form

Date of application: _____

Building address: _____

Owner's name: _____

Phone: _____ Email: _____

Required documents

1. Picture of the original wood burning appliance
2. Invoice of the new appliance and proof of payment
3. Picture of new appliance installed

Information on the new appliance

1) Type of device

_____ Emissions g/h: _____

2) Supplier

Name and address: _____

Total cost: _____

3) Installation

Date of installation: _____

Reserved for the Urban Planning Department

Subsidy (50 % of the total cost, maximum \$ 1,250): _____

Name of the authorized representative: _____

Signature of the authorized representative	Date		
	Year	Month	Date