

Landlord Agreement Form

City of Bloomington

Economic and Sustainable Development Department

Air Conditioning (AC) Distribution Program

Grant Applicant Name _____

Grant Applicant Address _____

Landlord Name _____

Landlord Address _____

Landlord Phone Number _____

To be filled out by the Landlord:

I, _____, give permission to _____ to have an AC
Landlord's Name Grant Applicant's Name

window unit installed at _____ and understand that the AC window unit has been given to the Grant Applicant by the City of Bloomington and belongs to the Grant Applicant. Should the Grant Applicant vacate the property, the AC window unit will be the responsibility of the Grant Applicant and will be removed from the property by the Grant Applicant.

Landlord Name

Landlord Signature

Date