WOODSMOKE REDUCTION PROGRAM
OWNER/TENANT AGREEMENT

Parties: This Owner/Tenant Agreement (Agreement) is for services between

Current Tenant _____

and the

Owner _____

concerning the real property located at

_____

Address *City* *State* *Zip Code*

Grant Award: The subject matter of this Agreement is the Woodsmoke Reduction Program. This voucher is available to Owner/Tenants for the replacement of a non-EPA certified wood burning device that is currently in operation and used as a primary source of heat with an EPA certified wood stove, woodstove insert, gas heating device, or electric heating device. The Tuolumne County Air Pollution Control District ("District") administers the Woodsmoke Reduction Program within the County of Tuolumne.

Whereas Owner and Tenant recognize the need for replacing a non-EPA certified wood burning devices with an EPA certified device to provide more efficient heating and less emissions into the home and the community.

Whereas Owner and Tenant desire to participate in the Woodsmoke Reduction Program using funds from the California Climate Investments.

Now, therefore, Owner and Tenant agree as follows:

1. To allow District-approved Participating Retailers and their licensed Installers into the Property noted above for inspection, estimate, installation and permitting. This includes allowing photos to be taken of the old, non-EPA certified device before removal and photos of the new EPA certified device after installation.

2. Either Owner or Tenant may complete an application for the Woodsmoke Reduction Program. Both parties must review the application and agree to the items on page 3 "Applicant Certification." Submission of an application does not guarantee funding.
3. Upon installation, the new EPA certified device becomes the property of the Owner.

4. The Tenant agrees to receive training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance from the Participating Retailer or licensed Installer.

I hereby certify that I understand the conditions and requirements for participation in the District's Woodsmoke Reduction Program and agree to fulfill the requirements and comply with the conditions in this Agreement. I understand that if any documents are incomplete or falsified, I will be disqualified from the Program.

I hereby fully waive, release and discharge the District, its elected and appointed officials, officers, employees, agents and volunteers for any and all claims and damages for personal injury, disability, death or property damage or losses suffered as a result of my participation in the District's Woodsmoke Reduction Program. This release of liability shall be effective and binding upon myself and my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns.

The undersigned represent that they have the authority of their respective parties to execute this Agreement.

Signature Tenant: _____ Date: _____

_____
Printed Name/Title

Signature Owner: _____ Date: _____

_____
Printed Name/Title

Owner's Mailing Address:

_____
Address *City* *State* *Zip Code*