



ASH CAN PROGRAM APPLICATION FORM

Contact Information

Name: _____

Telephone: _____

Street Address: _____

City/Zip Code: _____

Are you Property Owner? Yes ___ No ___

Daytime Phone Number: _____

Email: _____

Heating Appliance Information

Type of heating appliance in your home

Wood Burning Stove? Yes ___ No ___

Wood Burning Fireplace? Yes ___ No ___

Wood Burning pellet Stove? Yes ___ No ___