

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
NOTICE TO PROCEED

TO:

Contractor Name

Contractor Address

Contractor City State Zip

RE:

Applicant (Owner)

Property Address

City State Zip

NOTICE IS HEREBY GIVEN that work may begin on Contract No. _____,
for the rehabilitation of the above-referenced property.

CAA Name

Home Repair Technician Signature

Home Repair Technician Representative Name

Date