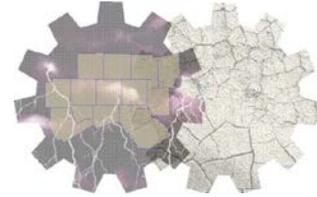


Final Site Review Form
North Central Texas Safe Room Rebate Program



Date: _____

Participant Information:

Name (one name only): _____

Address: _____

City: _____ State: _____ ZIP code: _____

Email address: _____ Phone number: _____

To be completed by Final Site Reviewer (FSR):

Name: _____ Title: _____

Email address: _____ Phone number: _____

NSSA or ATSA Seal Number (located on the sticker or plaque on safe room):

FSR Signature: _____

Participant: you must supply the inspector with this form. A final site review is required to ensure that a safe room was truly installed prior to receiving the rebate. Site reviews are to be conducted by an employee of the program participant's jurisdiction. Should the program participant's jurisdiction require a building inspection for the safe room, the final site review can be done concurrently with the inspection.

Should you have questions, please contact nctsaferoom@nctcog.org or 817-608-2352.