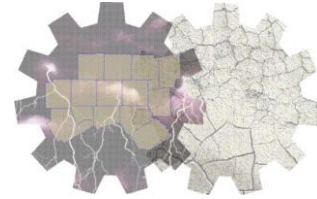


**Final Site Review Form**  
North Central Texas Safe Room Rebate Program



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: \_\_\_\_\_

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 a rebate. Site reviews are to be conducted by an employee of the program participant's jurisdiction. If the program participant's jurisdiction requires a building inspection for the safe room, the final site review can be done at the same time as the inspection.

Should you have questions, please contact [nctsaferoom@nctcog.org](mailto:nctsaferoom@nctcog.org) or 817-695-9235.