



## A.B. Won Pat Guam International Airport Authority Residential Sound Solutions Program

### APPLICATION FORM

**Homeowner(s) Name:** (as shown on Deed/Certificate of Title) **Telephone Number(s):**

\_\_\_\_\_ ( ) ( )  
 Last First MI Work Home

\_\_\_\_\_ ( ) ( )  
 Last First MI Work Home

**Property Address:** (address of home requesting sound modifications)

Address City State Zip

**Mailing Address:** (if different from above)

Address City State Zip

**Other contact information:**

**Email:** \_\_\_\_\_ **Other:** (please specify) \_\_\_\_\_

**Residence Information**

Date Built: \_\_\_\_\_ I (we) have lived here \_\_\_\_\_ years

# of Adults: \_\_\_\_\_ # of children: \_\_\_\_\_

Please check one: \_\_\_\_\_ Single Family or \_\_\_\_\_ Multi-Family (If so, please indicate # of units)

Number of: Doors \_\_\_\_\_ Windows \_\_\_\_\_

Air Conditioning (check all that apply):

\_\_\_\_\_ None \_\_\_\_\_ Through Window/Wall

\_\_\_\_\_ Central \_\_\_\_\_ Mini Split

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Please describe briefly any renovations or modifications made to the home that you are aware of (i.e. upgrade of electrical service, room additions/extensions, etc.):

\_\_\_\_\_  
 \_\_\_\_\_

I understand that this is a voluntary program and that submittal of this application is not binding in any way. I certify that the information provided is true and correct to the best of my knowledge and understand that I may be disqualified for providing false information.

**Homeowner Signature(s)**

\_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

Please submit your Application **with a copy of your Property Deed and Certificate of Title:**

- By Fax: (671) 473-3563; or
- In person at 111 East Sunset Blvd., Tiyan, Guam; or
- By mail to Residential Sound Solutions Program Office, 111 E. Sunset Blvd., Tiyan, Guam 96913

If you have any questions, please contact our Program Office at (671) 473-3560, Monday-Friday, 8:00 am – 5:00 pm or visit our website at <http://www.pcr Guam.com/sound>

**Final program eligibility will be determined during the address selection for each Phase.**

<u>For RSSP Staff Only</u>	Eligible	Ineligible
Customer Service	_____	_____
GIS	_____	_____
Other	_____	_____