



**BOSTON LOGAN INTERNATIONAL AIRPORT (LOGAN)
RESIDENTIAL SOUND INSULATION PROGRAM (RSIP)**

APPLICATION

Appointments will be scheduled in the order the applications are received.

PROPERTY ADDRESS

Street _____ City _____ State _____ Zip _____

PROPERTY OWNER INFORMATION

Last _____ First _____ Middle _____

MAILING ADDRESS *Check if mailing address is same as property address*

Street _____ City _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

May we contact you by text message? No Yes

Is this a rental property? No Yes

I (We) understand the Logan RSIP is a federally funded project and a future opportunity to participate is not guaranteed.

Signature Print Name Date

Signature Print Name Date

Acceptance to Participate

I (We) certify that I am (we are) the owner(s) of the property requesting to participate in the Logan RSIP. All information given in this application is true and accurate to the best of my (our) knowledge. I (We) understand that should the property qualify for participation, implementation of the sound insulation construction will be contingent upon my (our) execution of a Homeowner Participation Agreement. Copies of these documents will be provided to the Homeowner upon successful qualification for participation. Submission of this application does not commit the Homeowner to participate in this program.

I (We) agree to allow representatives of the Logan RSIP Team and/or staff of the Massachusetts Port Authority (Massport) access to this residence and its surrounding property for the purpose of conducting acoustical and architectural measurements and inspections. I (We) also agree to complete the pre- and post-construction surveys.

Signature Print Name Date

Signature Print Name Date

If you do not wish to participate in the Program, please sign below:

Decline to Participate

I (We) certify that I am (we are) the owner(s) of the property and are declining the opportunity to participate in the Logan RSIP. I am (We are) declining to participate for the following reason(s):

Signature Print Name Date

Signature Print Name Date

If you have any questions about the program application or participation in the Logan RSIP, please call our Outreach Team at 617-790-3747 ext. 2222.