



## **NEW JERSEY COMFORT PARTNERS**

Landlord/Management/ **Condominium Association Management Permission Agreement** 

Dear Landlord/Manager:

Your tenants or condominium owners may qualify for the New Jersey Comfort Partners Program, a statewide program jointly sponsored by New Jersey's electric and gas utilities. Through the Comfort Partners Program, we would like to install proven energy conservation measures – at no cost to you as the owner, or to any eligible tenants or condominium association management that express interest in the program – located at:

(Fill out this section if only permitting work	for a single unit)				
Tenant Name/Condominium Owner (Please Print):					
Street Address:	Unit #:	City:		State	e: NJ Zip Code:
(Fill out this section if permitting work for th	e entire complex/building	g)			
Name of Complex/Building (if appropriate):					
Street Address:		City:		Sta	te: <b>NJ</b> Zip Code:
Number of units per building:					
Based on Comfort Partners guidelines we may (or ma energy-saving showerheads and light bulbs, water h installed in attics, crawl spaces or other areas under condominium owners will save energy and money, a	neater insulation, pipe and d Condominium Association ju	uct insulatior Irisdiction. All	n and energy-saving refriger work is guaranteed for a pe	ators. Som	e of these measures may be
I, (please print name)agree to permit the New Jersey Comfort Partners Pr conservation measures at NO COST to the participa above or, if I've completed the information for the er I further agree to forever release the utility compan assigns and to save them harmless from any claim the weatherization services provided by the utilities or related to moisture intrusion, mildew, fungus, spoposes an actual or potential threat to human health by contacting TRC at 866-378-4345 or contactus	ogram to have its authorized ints, owner, or manager. I authotire complex/building above ies listed below, their respect for injury to persons, includir listed below including, but no ores, or mold of any type, na in This authorization is valid f	d contractors thorize and gire, all units with tive officers, on given death, or dot limited to a ture, or descri	perform an energy conservar rant Comfort Partners acces hin the building as determin directors, employees, agents lamage to physical and pers all claims and suits directly o iption, including but not lim	ation surve s to test ar ed necessa and repre- conal prope or indirectly ited to any	by and install and inspect the nd evaluate the unit specified by by Program representatives. sentatives, successors and/or erty in any way resulting from to a raising out of, resulting from, to substance whose presence
Do you own the refrigerators at the above a	address?	es 🗌 No	Not All (Please fill o	out appen	dix for this option)
Do you want the refrigerators tested and po	ossibly replaced? 🔲 Y	es 🗌 No	If you checked <b>NO</b> , ple	ase share	the reason with us:
If you own the refrigerators at the time of replacen	nent, you will own the new	refrigerators.	(Please Print):		
Company Name (if appropriate):	•	•			
Landlord/Manager Phone: ()					
Landlord/Manager Address:		City:		State:	Zip Code:
Landlord/Manager Signature:				Date:	
If you do not wish to participate in the New Jersey complex/building's name and/or address, your nam				ipartment/	'condominium
I do not wish to participate in the New Jersey C	Comfort Partners Program.				
PLEASE MAIL OR EMAIL TO: N	-				_

317 George Street, Suite 520 • New Brunswick, NJ 08901 • <u>contactus@nicleanenergy.com</u> • Phone: 866-378-4345



















## **NEW JERSEY COMFORT PARTNERS**

Landlord/Management/ **Condominium Association Management Permission Agreement** 

Dear Landlord/Manager:

Your tenants or condominium owners may qualify for the New Jersey Comfort Partners Program, a statewide program jointly sponsored by New Jersey's electric and gas utilities. Through the Comfort Partners Program, we would like to install proven energy conservation measures - at no cost to you as the

(Fill out this section if only permitting work for a single un	nit)				
Tenant Name/Condominium Owner (Please Print):					
Street Address:	Unit #:	City:		State	e: <b>NJ</b> Zip Code:
(Fill out this section if permitting work for the entire com	plex/buildin	g)			
Name of Complex/Building (if appropriate):					
Street Address:		City:		Sta	te: <b>NJ</b> Zip Code:
Number of units per building:					
Based on Comfort Partners guidelines we may (or may not) install en energy-saving showerheads and light bulbs, water heater insulatio installed in attics, crawl spaces or other areas under Condominium condominium owners will save energy and money, and your buildir	n, pipe and d Association ju	uct insulation irisdiction. All v	and energy-saving re work is guaranteed fo	frigerators. Som	e of these measures may be
I, (please print name) am to agree to permit the New Jersey Comfort Partners Program to have conservation measures at NO COST to the participants, owner, or relabove or, if I've completed the information for the entire complex/b I further agree to forever release the utility companies listed below assigns and to save them harmless from any claim for injury to per the weatherization services provided by the utilities listed below into or related to moisture intrusion, mildew, fungus, spores, or mold of poses an actual or potential threat to human health. This authorization contacting TRC at 866-378-4345 or contactus@njcleanener.  Do you own the refrigerators at the above address?  Do you want the refrigerators tested and possibly replacements.	its authorized manager. I authorized manager. I authorized manager. I authorized manager. I authorized manager	d contractors percential description of the contract of the co	perform an energy content Comfort Partners in the building as det rectors, employees, a mage to physical and I claims and suits direction, including but no from the date of the	nservation surve access to test ar ermined necessa gents and repred d personal prope ectly or indirectly ot limited to any signature and m	nd evaluate the unit specified ary by Program representatives sentatives, successors and/or erty in any way resulting from a arising out of, resulting from, substance whose presence hay be canceled at any time
If you own the refrigerators at the time of replacement, you will o	wn the new	refrigerators. (	Please Print):		
Company Name (if appropriate):		Landlord/Man	ager Name:		
Landlord/Manager Phone: () Cell: (	)	Email	:		
Landlord/Manager Address:		City:		State:	Zip Code:
Landlord/Manager Signature:				Date:	
If you do not wish to participate in the New Jersey Comfort Partne complex/building's name and/or address, your name/address, you				t the apartment/	/condominium
I do not wish to participate in the New Jersey Comfort Partner	rs Program.				
PLEASE MAIL OR EMAIL TO: New Jersey's 6 317 George Street, Suite 520 • New Brunswic					•













