



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: **NJ** Zip Code: _____

(Fill out this section if permitting work for the entire complex/building)

Name of Complex/Building (if appropriate): _____ Number of units per building: _____

Street Address: _____ City: _____ State: **NJ** Zip Code: _____

Do you own other properties that may qualify for Comfort Partners services? Yes No

Based on Comfort Partners guidelines we may (or may not) install energy-saving home improvements such as attic and wall insulation, caulking, and weatherstripping, energy-saving showerheads and light bulbs, water heater insulation, pipe and duct insulation, HVAC appliances and energy-saving refrigerators. If barriers observed in the HVAC or water heating appliances of the above residence, units may be considered for repair or replacement at no cost. Some of these measures may be installed in attics, crawl spaces or other areas under Condominium Association jurisdiction. All work is guaranteed for a period of two years. You and your tenants/condominium owners will save energy and money, and your building(s) will be more energy efficient.

I, (please print name) _____ am the Owner, Condominium Association Manager, or Manager of the properties listed above and I agree to permit the New Jersey Comfort Partners Program to have its authorized contractors perform an energy conservation survey and install and inspect the conservation measures at **NO COST** to the participants, owner, or manager. I authorize and grant Comfort Partners access to test and evaluate the unit specified above or, if I've completed the information for the entire complex/building above, all units within the building as determined necessary by Program representatives. I further agree to forever release the utility companies listed below, their respective officers, directors, employees, agents and representatives, successors and/or assigns and to save them harmless from any claim for injury to persons, including death, or damage to physical and personal property in any way resulting from the weatherization services provided by the utilities listed below including, but not limited to all claims and suits directly or indirectly arising out of, resulting from, or related to moisture intrusion, mildew, fungus, spores, or mold of any type, nature, or description, including but not limited to any substance whose presence poses an actual or potential threat to human health. This authorization is valid for three years from the date of the signature and may be canceled at any time by contacting the company referenced in the mailing section.

Do you own the refrigerators at the above address? Yes No Not All (Please fill out appendix for this option)

Do you want the refrigerators tested and possibly replaced? Yes No If you checked **NO**, please share the reason with us:

If you own the refrigerators at the time of replacement, you will own the new refrigerators. (Please Print):

Company Name (if appropriate): _____ Landlord/Manager 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 Partners Program, please check the box below, fill out the apartment/condominium complex/building's name and/or address, your name/address, your signature above and return this form.

I do not wish to participate in the New Jersey Comfort Partners Program.

PLEASE MAIL, FAX OR EMAIL TO: Company Name: _____ Phone: (_____) _____

Street Address: _____

City: _____ State: **NJ** Zip Code: _____

Email: _____ Fax: (_____) _____

