



NEW JERSEY COMFORT PARTNERS Landlord/Management/ Condominium Association Management Permission Agreement

Dear Landlord/Manager:

Your tenant or condominium owner qualifies for 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 your tenant or condominium association management** – located at the following address:

Tenant Name/Condominium Owner: (Please Print) _____
 Street Address: _____ Unit #: _____
 City: _____ State: **NJ** Zip Code: _____
 Number of units in this building: _____

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 and energy-saving refrigerators. 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 one year. You and your tenant/condominium owner will save energy and money, and your building will be more energy efficient.

For further information, please call one of the numbers listed at the bottom of the page.

I, (please print) _____ Owner, Condominium Association Manager or Manager of the property listed above, 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 participant, owner, or manager. I authorize and grant Comfort Partners access to test and evaluate all units within the building as determined necessary by Program representatives. I further agree to forever release all utilities listed below, their 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.

Do you own the refrigerator at the above address? Yes No
 Do you want the refrigerator tested and possibly replaced? Yes No If you checked NO, please share the reason with us:

If you own the refrigerator at the time of replacement, you will own the new refrigerator.

(Please Print)

Company Name: (if appropriate) _____

Landlord/Manager Name: _____ 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 Comfort Partners Program, please check the box below, fill out the tenant/condominium owner's name/address, your name/address, your signature and return this form.

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

**PLEASE MAIL OR FAX TO: CLEAResult Consulting Inc • 400 Morris Avenue, Suite 244 • Denville, NJ 07834
 Phone: 800-915-8309 • Fax: 973-398-0090**



An Exelon Company

800-915-8309



800-915-8309



A FirstEnergy Company

800-207-9276



800-915-8309



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800-648-0138



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