



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 u	unit)				
Tenant Name/Condominium Owner (Please Print):					
Street Address:	Unit #:	City:		State	e: NJ Zip Code:
(Fill out this section if permitting work for the entire complex/building)					
Name of Complex/Building (if appropriate):					
Street Address:		City:		Stat	e: NJ Zip Code:
Number of units per building:					
Based on Comfort Partners guidelines we may (or may not) install e energy-saving showerheads and light bulbs, water heater insulatinstalled in attics, crawl spaces or other areas under Condominiun condominium owners will save energy and money, and your build	ion, pipe a n Associati	nd duct insulation and on jurisdiction. All wor	d energy-saving refrigerator k is guaranteed for a period	s. Some	e of these measures may be
I, (please print name) am agree to permit the New Jersey Comfort Partners Program to hav conservation measures at NO COST to the participants, owner, or above or, if I've completed the information for the entire complex/ I further agree to forever release the utility companies listed belo assigns and to save them harmless from any claim for injury to puthe weatherization services provided by the utilities listed below in or related to moisture intrusion, mildew, fungus, spores, or mold oposes an actual or potential threat to human health. This authorize by contacting Divine Energy Solutions, Inc. at 800-934-3102	re its author manager. /building al ow, their resersons, including, bof any type zation is vaor office@	orized contractors perfolger and grant bove, all units within to spective officers, directluding death, or dama but not limited to all cles, nature, or descriptio alid for three years frodurineenergysoluti	orm an energy conservation Comfort Partners access to the building as determined intors, employees, agents and ge to physical and personations and suits directly or information, including but not limited mether the date of the signature ons.com.	n survey test an necessa d repres I prope directly to any and m	y and install and inspect the d evaluate the unit specified ry by Program representatives. sentatives, successors and/or rty in any way resulting from arising out of, resulting from, substance whose presence
Do you own the refrigerators at the above address? Do you want the refrigerators tested and possibly replaced? Yes No Not All (Please fill out appendix for this option) 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 n	new refrigerators. (Ple	ase Print):		
Company Name (if appropriate):		Landlord/Manag	er Name:		
Landlord/Manager Phone: () Cell: ()	Email:			
Landlord/Manager Address:		City:	Sta	te:	Zip Code:
Landlord/Manager Signature:			Da	ie:	
If you do not wish to participate in the New Jersey Comfort Particomplex/building's name and/or address, your name/address, yo				tment/	condominium
I do not wish to participate in the New Jersey Comfort Partne	ers Progra	m.			
PLEASE MAIL, FAX OR EMAIL TO: Divine	Energy	Solutions, Inc. • 2	00 Richards Avenue •	Dove	r, NJ 07801

PLEASE MAIL, FAX OR EMAIL TO: Divine Energy Solutions, Inc. • 200 Richards Avenue • Dover, NJ 07801 Phone: 800-934-3102 • Fax: 973-361-5155 • Email: office@divineenergysolutions.com













