

OSW Meteorological Tower Rebate Application

A: APPLICANT INFORMATION

Federal Tax I.D. Number: _____
Mr. Ms. Dr. First Name: _____ Last Name: _____
Company Name: _____
Daytime Phone: _____ Fax: _____ Email: _____
Installation Location (USDOJ MMS Block Area): _____
City: _____ State: _____ Zip Code: _____

B: REBATE RECIPIENT Fill in section if rebate check is to be issued to an organization/person other than the applicant.

Company Name: _____ Contact Person: _____
Daytime Phone: _____ Fax: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Federal Tax I.D. Number: _____
Applicant Representative Signature: _____

C: MEDIA CONTACT

Please provide contact information for whoever is authorized to occasionally discuss public relations opportunities with a representative from New Jersey's Clean Energy Program:

Applicant (listed above)

Other: _____ Company: _____ Phone: _____

D: APPLICANT CERTIFICATION

The undersigned warrants, certifies and represents that 1) the information provided in this form is true and correct to the best of his or her knowledge; 2) Applicable permits/approvals for the meteorological tower will be obtained prior to rebate payment; 3) The applicant has submitted construction details and drawings; and 4) the Applicant realizes that certain information in their application may be subject to the Open Public Records Act.

Applicant

Signature: _____
Print Name: _____
Date: _____

E: FOR BPU USE ONLY

Date Received: _____