o Family/Friend/Neighbor o Existing DOEE program

Other

0

Please complete this form to receive more information. All fields are required.  This information is collected exclusively for the purposes of this program.  Contact Information			
		1	Name
		- [	Email
-	Felephone number		
,	Address		
- What are	e you interested in receiving information on? (Check all that apply).		
(	Green Roof Technology		
	RiverSmart Rooftops program		
	Property Eligibility		
Address	of structure for proposed green roof ( <i>Write NA if you are not inquiring about a specific property</i> ).		
Who are	you?		
(	Property Owner		
(	Agent of an Owner		
(	o Industry Professional		
	Government Development		
	Developer  Student/Researcher		
	o Student/Researcher o Other		
	your primary language?		
	o Yes		
(	o No		
Do you r	equire language translation services?		
(	o Yes		
(	o No		
How did	you hear about this program?		
(	DOEE website		
(	o Internet search		
(	Social media		