

Application Green Venues Michigan



Facility Information:

Name: _____

Address: _____

Phone: _____ Web site: _____

Year of construction: _____ Year of Last Major Renovation: _____

Primary Contact:

Name: _____ Title: _____

E-mail: _____ Phone: _____

Additional Green Team Members (Optional):

Name/Title: _____ E-mail: _____

Top Management Commitment: (To be filled out by General Manager or equivalent)

Green Venues Michigan is a voluntary program. I understand that by signing the application, I am simply expressing intent to pursue certification. I am not entering a contractual agreement or obligating my facility to perform any green activities in the future. I understand that if I do not submit the self-assessment within one year of today's date, my facility will be removed from the certification process.

Manager printed name

Manager signature

Date

By submitting the application, your facility is committing to conduct a self-assessment. Upon receiving your forms, you will be assigned a liaison from the GVM office who will serve as a technical advisor and help answer any questions your Green Team may have as they pursue certification. When the application is complete, please fax, email or mail it to the Bureau of Energy Systems:

Green Venues Michigan
Bureau of Energy Systems
P.O. Box 30221
Lansing, MI 48909
Fax: (517) 241-9822
dohertyr1@michigan.gov