



Application for Monroe Community College Green Office Certification

Office Name/
Department: _____

Primary Contact
Person: _____

Date Submitted: _____

I/We, _____, representative(s) of the above office or department, submit this application for Green Office Certification. The signature below confirms that to the best of my/our knowledge, this office successfully completed 15 of the steps required for certification.

Signature(s) of Office Head/Department Chair

The members of our office/department listed below sign to affirm that they have read and understand the Green Office Checklist, and commit to taking the individual actions on this checklist to reduce our office's energy use and environmental impact by conserving and recycling resources. These signatures represent at least 75% of our office's full and part time staff and faculty.

_____	_____	_____
_____	_____	_____
_____	_____	_____