



**Green Operator "GO"
Request for Rebate Form**

For MARAMA Use

Application Approval Number: _____

Budget Category: 560037-08 or 560037-09

Date Paid _____ Check # _____

The Mid-Atlantic Regional
Air Management Association, Inc.
8600 LaSalle road, Suite 636
Towson, MD 21286

Please fill out the information requested below once you have all the documentation described in the contract.

1. Name of Company: _____

Address to Which _____
Payment Should
Be Sent _____

Make Check Payable to: _____

2. Required Attachments:

- A copy of invoice for the purchase of the equipment,
- A copy of the service receipt showing the equipment was installed,
- A copy of the warranty,
- A completed Attachment B: Request for Rebate Form.

3. Please describe any changes, if any, that have occurred and/or any issues that have arisen which impacted the purchase and installation of the equipment originally described in your application. Please attach additional pages if needed and include the company name on each page.