



## Green Government Certification Application Form

Date: \_\_\_\_\_

Jurisdiction Name: \_\_\_\_\_

Primary Staff Contact Name: \_\_\_\_\_

Department or Division: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Staff Contact Name: \_\_\_\_\_

Department or Division: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return completed application packet to:

### **By Electronic Submission** (preferred)

Please contact Crystal Jackson at 404.463.3261 or [cjackson@atlantaregional.com](mailto:cjackson@atlantaregional.com) for instructions on how to upload your files.

### **By Mail**

Atlanta Regional Commission, ATTN: Crystal Jackson, 40 Courtland Street NE, Atlanta, Georgia 30303