



**Application Form for Upper Big Blue NRD
Point of Use Reverse Osmosis Water Filtration Systems Pilot Program**

Applicant's Name _____ **Phone** _____

Applicant's Email _____

Address Location of RO Unit

Location of Point of Use (Kitchen Faucet, Refrigerator, etc.) _____

Estimated Cost of RO Unit _____

Applicant's Signature _____ **Date** _____

NRD Representative Signature _____

NRD Use Only

Receipt Received Date _____

Approved Date _____

Actual Cost _____

Application Expiration Date _____

NRD Payment Amount _____

Approved Amount _____

Date Paid _____