

TOWN OF STRATHAM, NEW HAMPSHIRE
APPLICATION FOR SOLAR ENERGY SYSTEMS EXEMPTION

Please complete the following application in order that the Assessing Department may determine your eligibility for the Solar Energy Exemption.

NAME: _____

LOCATION: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

MAP AND LOT: _____

QUESTIONNAIRE

This is my principal place of residence: Yes: ____ No: ____

Is the system leased: Yes: ____ No: ____

Describe the Solar Energy System at your property:

Describe the use/function of the Solar Energy System: (Heating/Cooling)

Cost of the system: _____

What are the periodic costs for maintenance of the system (if any): _____
