



FORT LEAVENWORTH FRONTIER HERITAGE COMMUNITIES II, LLC

Super Saver Nomination Form

Name: _____

Address: _____

Phone Number: _____

What changes has your family made to deserve recognition as the Super Saver of the Month?

What have you learned through your efforts to conserve energy in your home?

Thank you for participating in the Super Saver program.
The efforts of your family to conserve energy are a gift for generations to come!



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