

COMMERCIAL ENERGY AUDIT REQUEST FORM



Business Name _____

Contact Name _____

Rent Own Building Owner's Name _____

Building Address _____

Phone Number _____ Email _____

Account/Location Number _____

Short description of customer concerns: _____

OFFICE USE ONLY AREA:
 Audit Date _____
 Total Audit Cost _____
 Customer Contribution _____
 Apply to Bill Send Bill
 (Attach 24-month history)

TYPE OF BUSINESS:	Government	Restaurant	BUILDING AGE: _____ BUILDING SIZE: _____ OCCUPANCY HOURS: _____ % OF BUILDING THAT IS AIR-CONDITIONED: _____
	Apartments	Retail	
	Automotive	School	
	Church	Warehouse	
	Food Processing	Other _____	
	Health Care		
	Manufacturing		
	Motel		
	Office		

Short description of recent energy efficiency upgrades: (Such as: new roof, new heating or cooling equipment, lighting upgrades, etc.) _____

CURRENT HEATING:	CURRENT COOLING:	CURRENT VENTILATION:
GAS ELECTRIC	Chiller	Single Zone
Boiler (hot water or steam)	Rooftop	Terminal Reheat
Furnaces	DX	Multi-zone
Radiant	Don't Know	Dual Duct
Rooftop		Variable Air Volume
Heat Pump		Induction
Don't Know		Fan Coil Units
		Unit Ventilator
		Unit Heater
		Don't Know
		Is exhaust ventilation requirements creating negative building pressure?
		Yes No
		Don't Know

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