

COMMERCIAL ENERGY AUDIT REQUEST FORM

Date _____ Account/Location Number _____

Business Name _____ Contact Name _____

Phone Number _____ Email _____

Building Address _____ City _____ State _____ Zip _____

Own Rent Building Owner's Name _____

Building Owner's Phone Number _____ Email _____

Short description of customer concerns: _____

TYPE OF BUSINESS:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Apartments | <input type="checkbox"/> Government | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Health Care | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Church | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> School |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Motel | <input type="checkbox"/> Warehouse |
| | <input type="checkbox"/> Office | <input type="checkbox"/> Other _____ |

BUILDING AGE: _____

BUILDING SIZE: _____

OCCUPANCY HOURS: _____

% OF BUILDING THAT IS AIR-CONDITIONED: _____

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

CURRENT HEATING:

- GAS ELECTRIC
- Boiler (hot water or steam)
- Furnaces
- Radiant
- Rooftop
- Heat Pump
- Don't Know

CURRENT COOLING:

- Chiller
- Rooftop
- DX
- Don't Know

CURRENT VENTILATION:

- | | |
|--|--|
| <input type="checkbox"/> Single Zone | <input type="checkbox"/> Unit Ventilator |
| <input type="checkbox"/> Terminal Reheat | <input type="checkbox"/> Unit Heater |
| <input type="checkbox"/> Multi-zone | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Dual Duct | Is exhaust ventilation requirements creating negative building pressure? |
| <input type="checkbox"/> Variable Air Volume | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Induction | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Fan Coil Units | |

OFFICE USE ONLY AREA:

Proposed Audit Date _____

Estimated Audit Cost \$ _____ Estimated Audit Rebate \$ _____

NOTE: ATTACH 24-MONTH HISTORY

0116

TEAMING UP TO SAVE YOU MONEY

