

COMMERCIAL ENERGY AUDIT REQUEST FORM

Date _____

Business Name _____

Contact Name _____

Rent Own Building Owner's Name _____

Building Address _____

Phone Number _____ Email _____

Account/Location Number _____

Minnesota Energy Resources Account Number (RPU customers only) _____

In order to perform a comprehensive energy audit, Minnesota Energy Resources will provide a third-party auditor with up to 24 months of usage and billing information for your business. This billing information will be used only for the purposes of the audit and will not be shared with or sold to any other party.



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

OFFICE USE ONLY AREA:

Proposed Audit Date _____

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

NOTE: ATTACH 24-MONTH HISTORY 0610

TEAMING UP TO SAVE YOU MONEY

CONSERVE & \$AVE