

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"/> Government	<input type="checkbox"/> Restaurant	BUILDING AGE: _____	
	<input type="checkbox"/> Apartments	<input type="checkbox"/> Retail		BUILDING SIZE: _____
	<input type="checkbox"/> Automotive	<input type="checkbox"/> School		OCCUPANCY HOURS: _____
	<input type="checkbox"/> Church	<input type="checkbox"/> Warehouse		% OF BUILDING THAT IS AIR-CONDITIONED: _____
	<input type="checkbox"/> Food Processing	<input type="checkbox"/> 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:
<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Boiler (hot water or steam) <input type="checkbox"/> Furnaces <input type="checkbox"/> Radiant <input type="checkbox"/> Rooftop <input type="checkbox"/> Heat Pump <input type="checkbox"/> Don't Know	<input type="checkbox"/> Chiller <input type="checkbox"/> Rooftop <input type="checkbox"/> DX <input type="checkbox"/> Don't Know	<input type="checkbox"/> Single Zone <input type="checkbox"/> Terminal Reheat <input type="checkbox"/> Multi-zone <input type="checkbox"/> Dual Duct <input type="checkbox"/> Variable Air Volume <input type="checkbox"/> Induction <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 0116

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