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:  ☐ Government  ☐ Restaurant
☐ Health Care  ☐ Retail
☐ Manufacturing  ☐ School
☐ Motel  ☐ Warehouse
☐ Office  ☐ 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  ☐ Roof Top
☐ Heat Pump  ☐ Don’t Know

CURRENT COOLING:  ☐ Chiller  ☐ Rooftop
☐ DX  ☐ Don’t Know

CURRENT VENTILATION:  ☐ Single Zone  ☐ Terminal Reheat
☐ Multi-zone  ☐ Dual Duct
☐ Variable Air Volume  ☐ Induction
☐ Fan Coil Units  ☐ Unit Ventilator
☐ Unit Heater  ☐ Don’t Know

Is exhaust ventilation requirements creating negative building pressure?
☐ Yes   ☐ No
☐ Don’t Know

OFFICE USE ONLY AREA:

Proposed Audit Date __________________________

Estimated Audit Cost $ __________________________ Estimated Audit Rebate $ __________________________

NOTE: ATTACH 24-MONTH HISTORY

TEAMING UP TO SAVE YOU MONEY

CONSERVE & $AVE™