Information for LED Lighting and Energy Assessment

Casino/Hospitality Facility Information Date:___________

Company/Entity Name: ____________________________________________________________

Facility Address: ______________________________________________________________________

____________________________________________________________________________________

Phone Number: __________________ Fax Number: __________________

THE PROCESS: (Initial information needed)

• We need one month of the facility’s electric and natural gas bills.

Approximate Monthly Gas Bill $_____________ Approximate Monthly Electric Bill $_____________

Type of Facility – (Circle all which apply) Casino Only, Casino and Hotel, Resort, Spa, Race Track,

Race Track Only, Convention Center, OTB Other:______________ Explain:_________________________

How Many Guest Rooms______ Occupancy %_______ How Many Floors_______

(Yes/No) Restaurants _____ How Many _____ Spa _____ Pool_____ On Premise Laundry ______

Building Management System for HVAC (Yes/No) Open Protocol (Yes/No) Web-Based (Yes/No)

Brief Description: ______________________________________________________________________

Approximate Age of Building _____________ Approximate Sq. Footage ____________

• Energy Use Information

Type of Heating - Boilers _____ Rooftop Units _____ Electric _____ Gas _____ Oil ______

Type of Air Conditioning - PTAC Units _____ Chillers _____ Cooling Towers_____ Rooftop Units ______

Have you done an LED lighting upgrade? (Yes/No) __________ LED Lighting Retrofit left to be completed

Interior %____ Exterior % _______ Parking Lots % _______ Garages % _______ Other %_______

Comments:__________________________________________________________________________
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**Misc Items:**

Does your facility have 100% back up power (Yes/No) Does your facility use demand response: (Yes/No)

Comments: ________________________________________________________________

________________________________________________________________________

Contact Person Name @ your facility: ___________________________________________

Phone #: ___________________ Email: ________________________________

If you have any questions, please contact Mark Trautman at 609-407-2800