

## **Information for LED Lighting and Energy Assessment**

Company/Entity Name:			
Facility Address:			
	Fax N		
THE PROCESS: (Initial inform	nation needed)		
We need one month of the	facility's electric and natu	ıral gas bills.	
Approximate Monthly Gas E	sill \$ Appro	oximate Monthly Electric	Bill \$
Type of Facility – (Circle	all which apply) Casino Or	nly, Casino and Hotel, Res	sort, Spa, Race Track,
Race Track Only, Conver	ntion Center, OTB Other:_	Explair	า:
How Many Guest Rooms	sOccupancy %	How Many Floors	
(Yes/No) Restaurants	How Many Spa	Pool On P	remise Laundry
Building Management Syste	m for HVAC (Yes/No) Ope	en Protocol (Yes/No) We	eb-Based (Yes/No)
Brief Description:			
Approximate Age of Building	g Appro	ximate Sq. Footage	
Energy Use Information			
Type of Heating - Boilers	Rooftop Units	Electric Gas	Oil
Type of Air Conditioning - P	ΓAC Units Chillers	Cooling Towers	Rooftop Units
Have you done an LED lighti	ng upgrade? (Yes/No)	LED Lighting Retro	ofit left to be completed
Interior %Exterior %	Parking Lots %	Garages %	Other %



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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