Information for Preliminary Energy Assessment

Educational Facilities Information

School/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 – Auditorium, Dormitory, Class Rooms, General - (Circle One)
How Many Students_____ How Many Buildings_____ How Many Floors______
(Yes/No) Restaurant _____ Pool _____ Library _____ On Premise Laundry _____
Additions/Remodels? (Yes/No) _____ If so, when? _______________________
Brief Description: ___________________________________________________________________

Approximate Age of Building _____________ Approximate Sq. Footage ___________

• Energy Use Information

Type of Heating - Boilers _____ Rooftop Units _____ Electric _____ (check one)
Type of Air Conditioning - PTAC _____ Chiller _____ Heat Pumps _____
Have you done a lighting upgrade? (Yes/No) _____ If so, how long ago? _____

Comments: ___________________________________________________________________

Contact Person Name @ your facility: _________________________
Phone #: ___________________ Email: _________________________

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