Information for Preliminary Energy Assessment

Higher Education Information

DATE: __________________

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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