



**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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