Information for Preliminary Energy Assessment

Hospitality Facility Information

Company/Entity Name: ____________________________________________________________

Facility Address: ___________________________________________________________________________________

__________________________________________________________________________________________

Phone Number: __________________ Fax Number: _____________________________________________

DATE: ________________

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 - Hotel, Resort, Spa, Convention Center - (Circle One)

  How Many Rooms_____ Occupancy %_____ How Many Floors_____

  (Yes/No) Restaurant _____ Pool _____ Spa _____ 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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