



Information for Preliminary Energy Assessment

Hospitality Facility Information **DATE:** _____

Company/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 - 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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