Information for Preliminary Energy Assessment

Multi-Family Building 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 – Condominium, Timeshare, Apartment - (Circle One)
How Many Units_____  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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