



**Information for Preliminary Energy Assessment**

**Office/Commercial 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 Building – Offices, Factory, Data Center, Residential - (Circle One)

Other/Explain \_\_\_\_\_

Low/Rise Mid/Rise High/Rise (Circle One) How Many Floors \_\_\_\_\_

Occupancy of Building \_\_\_\_% Restaurant or Cafeteria (Yes/No) \_\_\_\_\_

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: \_\_\_\_\_