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: ________________________________

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