



## Commercial Assessment Intake

Date \_\_\_\_\_

### Contact Information

<b>Business Name</b> _____	<b>Contact Person</b> _____
<b>Street</b> _____	<b>Email Address</b> _____
<b>City/State/Zip</b> _____	<b>Telephone No</b> _____
<b>Utility Account No</b> _____	

### Areas of Concern

List in order of priority:

___ Rebate Requirement – type _____	___ Heating	
___ Processing	___ Lighting	___ Cooling
___ Comfort	___ Machinery	

### Facility Information

<b>Type of facility</b> _____	<b>Age of Building</b> _____
<b>Size of facility</b> Conditioned Space (sq. ft.) _____	<b>Size of facility</b> Total Space (sq. ft.) _____
<b>Hrs. of Operation</b> _____	
<b>Type of Heating</b> _____	<b>Type of Cooling</b> _____
<b>Fuel</b> _____ <small>electric, gas, oil, propane, other</small>	<b># of units</b> _____
<b>Type of Lighting:</b>	
<input type="checkbox"/> Compact Fluorescent <input type="checkbox"/> Incandescent Bulbs <input type="checkbox"/> Fluorescent Tube Fixtures <input type="checkbox"/> HID High Bay Lighting Fixtures <input type="checkbox"/> Other	

**Additional Equipment (Describe type & size)**

Pumps \_\_\_\_\_

Air compressors \_\_\_\_\_

Other equipment and machinery \_\_\_\_\_

Other \_\_\_\_\_

*Note: please send your gas/water usage history with your request*

Please send your request via email to [commercial@ene.org](mailto:commercial@ene.org).