

MPOWER Business

Energy Audit Request Form

Customer and Account information		
Customer Name		Date
Service Address	City	Zip Code
Business Phone Number	Account Number	
Contact Name	Contact Phone Number	Contact Email Address
Reason for Requesting an Energy Audit		
<input type="checkbox"/> General Information <input type="checkbox"/> High Bill <input type="checkbox"/> Energy Efficiency Improvements <input type="checkbox"/> Solar <input type="checkbox"/> Other _____		

About The Business			
Type of Business			
<input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail Store <input type="checkbox"/> School <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Restaurant <input type="checkbox"/> Other _____			
Building	Square Footage	Hours of Operation	
<input type="checkbox"/> Lease <input type="checkbox"/> Own		M-F _____	Sat _____ Sun _____ Holidays _____
Estimated Age of Building	Years in Business at Current Location	Compressed Air	Product Refrigeration
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Cooling (use numbers if multiple items)		Tons	HVAC Age
<input type="checkbox"/> Central AC (Split) <input type="checkbox"/> Central Unit (Unitary) <input type="checkbox"/> P-TAC			
Primary Heating (use numbers if multiple items)			
<input type="checkbox"/> Central Heat Pump <input type="checkbox"/> Central Gas Fired <input type="checkbox"/> Electric Resistance (Wall or Unitized) <input type="checkbox"/> Other _____			
Water Heating (use numbers if multiple items)		Add-on Construction or Other Improvements	
<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Tank <input type="checkbox"/> On-Demand <input type="checkbox"/> Other _____			

Authorization	
The Contact listed above is hereby authorized to request an energy audit and to receive MID historical billing data for this facility.	
Signature	Date
Name	Title

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