



Commercial Assessment Intake

Date _____

Contact Information

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

Areas of Concern

List in order of priority:

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

Facility Information

Type of facility _____	Age of Building _____
Size of facility _____	Size of facility _____
Conditioned Space (sq. ft.) _____	Total Space (sq. ft.) _____
Hrs. of Operation _____	
Type of Heating _____	Type of Cooling _____
Fuel _____	# of units _____
electric, gas, oil, propane, other	
Type of Lighting:	
<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 solutions@ene.org or fax to 508-698-0222