



ENERGY AUDIT QUESTIONNAIRE:

- I request a: Standard Energy Audit (\$300 value for a co-pay of \$50)
 Performance Audit with House Call (\$380 value for a co-pay of \$150)

The audit takes about two hours. Our qualified energy auditor will call you to schedule your audit at a time when you can be present.

Name:

Street Address:

City / State / Zip:

Email:

Day Phone: (_____) _____ Evening Phone: (_____) _____

FMCS Electric Account Number: _____

Heating Fuel Source: LP Oil Natural Gas - Minnesota Energy Resources or Austin Utilities

Best time to contact me: Morning Evening Anytime

Type of Home: Single-family Multi-family Owner-Occupied Rental (# of units: _____)

How many years have you lived at this residence? _____

Year Residence Was Built: _____

Number of Stories: 1 1.5 2 Other _____

Total Sq. Ft. (including basement): _____

SIGNATURE & RELEASE FOR ENERGY DATA

By signing this waiver, you're allowing Freeborn Mower Cooperative Services, to provide your utility usage information and Home Energy Report (if applicable) to partners with whom they have data confidentiality agreements for the purpose of completing your energy audit, as well as for conducting program evaluation.

Signature:

_____ Date: _____

Pre-Audit Questionnaire continued on back...

Pre-Audit Questionnaire continued from front...

HEATING

Furnace Boiler Other (e.g. heat pump, electric resistance): _____

Age of equipment:

Less than 10 years 10 to 20 years 20 to 30 years 30+ years

Programmable Thermostat:

Yes (Is it programmed? Yes No) No, I do not have one.

Fireplace:

Yes (If yes: Wood Gas) No

Wood Stove:

Yes No

Portable Electric Heaters:

Yes (# of units: _____) No

COOLING

Central air conditioning Window air conditioners If yes, how many? _____

Age of equipment:

Less than 5 years 5 to 10 years 10 to 20 years 20+ years

WATER HEATING

Gas Electric Propane

Age of equipment:

Less than 5 years 5 to 10 years 10 to 20 years

Number of bathrooms with showers: _____

SUBMITTING YOUR REQUEST

Fill out the front and back of this form completely, sign the front, and return it to:

Freeborn Mower Cooperative Services

P.O. Box 611
Albert Lea, MN 56007

OR Fax to 507-369-0259

Questions: 507.373-6421 or 1-800-734-6421