

NYSERDA SMALL COMMERCIAL ENERGY ASSESSMENT IN-TAKE FORM

For Daylight Savings Co. Office Use Only

Salesperson:	Application Submitted:
CFA Application #:	CFA Submitted Online:
CFA Token #:	

Please complete one form per building.

Legal Name of Facility:	If DBA, what is DBA Name?
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(please fill both columns if different)	Facility Contact	Person Authorized to Sign Contract	
Full Name:			
Title:			
Address:			
City:			
Zip:			
County:			
Phone/Other:	()	()	
E-Mail:			
Not-for-Profit or Small Business?	MWBE ?	Yes No	
Federal Tax ID #:			
Number of Employees:			
Square Footage of Facility:			
Facility Relationship:	Building Owner	Building Lessee	Facility Manager

Type of Applicant			
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> LLC	<input type="checkbox"/> BID
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Fire District	<input type="checkbox"/> LLP	<input type="checkbox"/> IDA
<input type="checkbox"/> District Corporation	<input type="checkbox"/> Public Library	<input type="checkbox"/> LDC	<input type="checkbox"/> LP
<input type="checkbox"/> Sole Proprietorship HDFC	<input type="checkbox"/> Association Library	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Not-For-Profit

Facility / Building Use		
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Office
<input type="checkbox"/> College / University	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Retail
<input type="checkbox"/> Commercial Real Estate	<input type="checkbox"/> K-12 School	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> Data Center	<input type="checkbox"/> Industrial / Manufacturing	<input type="checkbox"/> Water / Waste Water

Please complete the back side of this form for mandatory energy usage information.

Energy Utility Information

Electric Provider:

Electric Account #:

(If you are a NYSEG customer – Please include POD ID #)

(If you are a ConEd or O&R customer with an online account – Please include username and password)

ESCO? *(If yes, please attach copy of ESCO bill)*

Gas Provider:

Gas Account #:

(If you are a NYSEG customer – Please include POD ID #)

(If you are a ConEd or O&R customer with an online account – Please include username and password)

ESCO? *(If yes, please attach copy of ESCO bill)*

Oil Provider:

Please attach 12 month history.

Propane Provider:

Please attach 12 month history.

Other Fuel Provider:

Please attach 12 month history.

Please identify specific goals and objectives of the assessment:

For Daylight Savings Co. Office Use Only Annual Energy Usage Information	
TOTAL Annual Utility \$	
Electric (kWh)	
Electric (kW)	
Electric \$	
Gas (therms)	
Gas \$	
Oil (gallons)	
Oil \$	
Propane Units	
Propane \$	
Other Fuel Units	
Other Fuel \$	

Please Note: The Daylight Savings Company personnel will be contacting you for further information and to schedule your assessment.