

2021 Commercial Efficiency Program



Energy Consultation Request Form - v 1.0

Date: _____ Tax ID #: _____

FIND THIS INFORMATION ON YOUR PSEG LONG ISLAND BILL

Company Name: _____ PSEGLI Account No: _____

DBA: _____
(if applicable) Rate Code: _____

Facility Address: _____ City: _____
Zip: _____

Contact Person: _____ Office Phone: _____
Title: _____ Cell Phone: _____

E-Mail Address: _____ Typical Business Hours: _____

Requested By: _____ Phone: _____

Organization Type: Tax Exempt Incorporated Non for Profit Not Incorporated ECO DEV Client

Building Type:

- | | | | | |
|----------------------------------|--|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> College | <input type="checkbox"/> Hospital | <input type="checkbox"/> Office | <input type="checkbox"/> Retail | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grocery | <input type="checkbox"/> Hotel | <input type="checkbox"/> Religious | <input type="checkbox"/> School | <input type="checkbox"/> Multiple Buildings On Site |
| <input type="checkbox"/> Health | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Multiple Meters On Site |

Additional Account Numbers: _____

Reason for Request: High Energy Bills Interested in Rebates Interested in Renovating Would like to be Energy Efficient

Building Size (ft²): 1,000 SQFT or less 5,000 SQFT or less 5,000 SQFT or more

Building Information: Lighting LED Lighting T8s HVAC New Access to the Roof
 Lighting T12s Lighting Unknown HVAC Old Gas Equipment
 HVAC Unknown

If referred, indicate name of person/company giving referral: _____

Are you planning to replace any existing equipment ? YES NO

Comments: _____

Email Application

E-MAIL: CEPLI@pseg.com

For questions, contact: CEP Infoline at (800) 692-2626