## **2024 Commercial Efficiency Program**



## Energy Consultation Request Form - v 1.0

Date:	Tax ID #:				
	ı	FIND THIS INFORMATION O	N YOUR PSEG LONG ISLA		
Company Name:			F	SEGLI Account No:	
DBA: (if applicable)				Rate Code:	
Facility Address:				City:	
				Zip:	
Contact Person:				Office Phone:	
Title:				Cell Phone:	
E-Mail Address:			Турі	cal Business Hours: _	
Requested By:				Phone:	
Organization Type:	○ Tax Exempt		Non for Profit	Not Incorporated	
Reason for Request:	High Energy Bills	Interested in Rebates	Interested in Renoval	ting Would like to	be Energy Efficient
	Building Type:	Building Lig	yhting: I	Building HVAC:	Building Size (ft²):
Building Information:	Select	Selec	t	Select	Select
Other Description:					
Additional Account Numbers:					
Additional Building Information:	☐ Access to the Roof ☐ Boiler Room/Gas Equi		Boiler Room Access Con	tact (Name and Phone): _	
If referred, indicate na	ame of person/company giving referral:				
Have you participate	ed previously in this program?:				
Are you planning to rep	lace any existing equipment?	Select			
Comments:					
Comments.					
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For questions, contact: CEP Infoline at (800) 692-2626