

# 2017 Commercial Efficiency Program



## Energy Consultation Request Form - v 1.2

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="text"/> |
| <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 (sq ft):     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 by a Lead Partner, indicate their name here:

If referred, may we refer you back to the Lead Partner after the Consultation ?     YES     NO

Are you planning to replace any existing equipment ?     YES     NO

Comments:

**Email Application**

E-MAIL: [CEPLI@pseg.com](mailto:CEPLI@pseg.com)

For questions, contact: Alex Douris

Phone: (516) 815-0576