

## FACILITY DATA FORM

*Complete one Facility Data Form for **each building** that you would like to have audited.*

**APPLYING AGENCY:** \_\_\_\_\_

- This entity owns the facility described below or has provided documentation to show that the
- applicant pays the utility bills and has permission from building owner to perform audit and install energy efficient equipment.

*This building is served by (check all that apply)*

<input type="checkbox"/>	Dayton Power & Light
<input type="checkbox"/>	Vectren
<input type="checkbox"/>	A non-regulated energy company (municipal, cooperative, etc.)*
<input type="checkbox"/>	A non-regulated electric generation supplier _____
<input type="checkbox"/>	A non-regulated gas supplier _____

*\*Note: building that are NOT distribution customers of Dayton Power & Light will be ineligible to receive incentives. Applicant must check off the appropriate box above for buildings in this situation.*

### FACILITY INFORMATION

*Please complete the information below for this specific facility that is seeking enrollment in the Program.*

<b>Facility Name</b>			
<b>Street Address</b>		<b>County</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Facility's Description</b>			
<b>Total Sq Ft</b>	<b>Year Built</b>	<b>Hours/Week Occupied</b>	<b>Number of Employees</b>
<b>Is there a maintenance staff onsite?</b>		<b>If yes, how many personnel?</b>	

**Building Type (Check only one of the following):**

<input type="checkbox"/>	Education	<input type="checkbox"/>	Lodging
<input type="checkbox"/>	Office, Bank, or Financial Institution	<input type="checkbox"/>	Religious Worship
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Retail
<input type="checkbox"/>	Medical Office	<input type="checkbox"/>	Grocery
<input type="checkbox"/>	Other: _____		

## ENERGY DATA

*Please complete the energy information below for the most recent 12 month period available. In order to gain a complete picture of the facility's energy use, be sure to include all types of energy used by the facility. Do not include vehicle fuel.*

The Data Below is for the 12 Month Period: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

## ELECTRICITY

<b>Electric Utility Name &amp; Account Number(s)</b>	
<b>Annual kWh Use</b>	<b>Annual Electricity Cost</b>
<b>Max Summer kW</b>	<b>Max Winter kW</b>

## NATURAL GAS

<b>Natural Gas Utility Name &amp; Account Number(s)</b>	
<b>Annual Use in Therms</b>	<b>Annual Natural Gas Cost</b>

## OTHER

*In this section please indicate any other fuel type that the facility uses, such as: fuel oil, propane, solar energy, wind energy, bio-fuel, cogeneration, fuel cells.*

<b>Other Fuel Type:</b>	
<b>Annual Energy Use (indicate units)</b>	<b>Annual Energy Cost</b>



Please mail, fax or email your completed application to:

**Dayton Power & Light**  
**Energy Efficiency Programs**  
**1900 Dryden Road**  
**Dayton, Ohio 45439**  
**Fax: 937-331-4088**  
**Email: [energyefficiency@dplinc.com](mailto:energyefficiency@dplinc.com)**

For further questions, please call 937-331-4769 or visit our website at [www.dpandl.com/save-money](http://www.dpandl.com/save-money)

STAFF USE ONLY

Date Received: \_\_\_\_\_

Project No.: \_\_\_\_\_