

ENERGY USAGE SURVEY

Applicant Name(s): _____
 Customer #: _____ Account #: _____
 Email Address: _____
 911 Service Location Address/City/State/Zip: _____
 Current Billing Address/City/State/Zip: _____
 Phone #'s: Home: _____ Work: _____ Cell: _____
 (To Be Completed by Co-Mo: Contact Tracking ID#: _____ SML#: _____ ServLoc#: _____)

Energy Audit Requested (check one) _____ (your signature)

- _____ 1) **Tier 1 - On-site Basic Energy Audit:** Return this completed form and fees (if applicable) to Co-Mo. Co-Mo will conduct one complimentary Energy Audit for you per metered account. However, if you have already received the complimentary Energy Audit, you will need to return a \$75 payment along with this completed form. Once Co-Mo receives this information, you will be contacted by the Co-Mo Member Services Department so they can schedule your on-site visit.
- _____ 2) **Tier 2 - On-site Total Energy Audit with Blower Door Testing (residential only):** Return this completed form to Co-Mo. Once Co-Mo receives this information, you will be contacted by the Co-Mo Member Services Department so they can schedule your on-site visit. Also, if you complete the recommended improvements specified by the Energy Advisor after the audit, you could be eligible for a rebate credit on your electric bill for up to \$300.

Description of Blower Door Testing: A blower door is a diagnostic tool designed to measure the airtightness of buildings and to help locate air leakage sites. A blower door consists of a calibrated fan for measuring an airflow rate and a pressure-sensing device to measure the air pressure created by the fan flow. The combination of pressure and fan flow measurements are used to determine the building airtightness. The airtightness of a building is useful knowledge when trying to increase energy conservation, decrease indoor air pollution or control building pressures.

Note: Some households may qualify for low income weatherization assistance based on energy efficiency needs for households meeting specific criteria. If you would like additional information about this assistance, please contact the Community Action Agency that serves your area.

Household

- What type of structure is your residence? _____
- What is the approximate combined square footage of your home? _____ 1 story _____ 2 story _____ 3 story _____
- Is there a basement? Full _____ Partial _____ Is the basement finished? Yes _____ No _____
- What year was your residence built? _____ What is the height of your ceilings (in feet)? _____
- How many people live in your household? _____ What are their ages? _____
- How many hours per day is someone home? _____

Construction

- How much insulation (in inches or R-Value) do you have in the following areas?
 Attic/Ceiling _____ Walls _____ Floor _____ Basement _____
- What type of insulation is it? Cellulose _____ Fiberglass _____ Foam _____
- What type of windows do you have? Double-paned _____ Single-paned with storms _____
- Does your home have attic ventilation? Good _____ Some _____ None _____
- Do you have a through the ceiling attic fan? Yes _____ No _____
- Is any part of your airducting in the following areas? Attic _____ Crawl Space _____ Garage _____

Heating System (refer to the Model ID plate/sticker on unit)

- How do you heat your home? _____
- What year was the system installed? _____ System size (in tons) _____
- At what temperature do you set the thermostat? Day _____ Night _____
- Is the thermostat programmable? Yes _____ No _____

Cooling System (refer to the Model ID plate/sticker on unit)

- How do you cool your home? _____
- What year was the system installed? _____ System size (in tons) _____
- What is the efficiency rating of your system(s)? _____
- At what temperature do you set the thermostat? Day _____ Night _____

Water Heater (refer to the Model ID plate/sticker on unit)

- What type of water heater do you have? _____
- What size is your water heater (in gallons)? _____ What year was it purchased? _____
- Do you have an additional insulating blanket around the water heater? Yes _____ No _____

Lighting

- Do you use outdoor flood lights? Yes _____ No _____ How many and what wattage? _____
- Are you conservative with indoor lighting (i.e. lights off when you leave the room)? Yes _____ No _____
- What type of lighting do you use? Compact Fluorescent _____ Fluorescent _____ Sky Lights _____ Other _____

Miscellaneous

- How many heated stock water tanks do you have? _____ Where are they located? _____
- At any time is a vehicle using household or shed electricity? If so, for what purpose? _____
- Do you have a hot tub? Indoor _____ Outdoor _____ What size is the hot tub (in gallons)? _____
- Do you have a swimming pool? Indoor _____ Outdoor _____ What size is the pool (in gallons)? _____
- Is the pool heated? Yes _____ No _____ How many hours is the pump operated per day? _____

Large Appliances (refer to the Model ID plate/sticker on unit)

Refrigerator - How many refrigerators do you have? _____ What year did you purchase them? _____

Freezer - How many freezers (separate from your refrig.) do you have? Chest _____ Upright _____
- In what room is the freezer located? _____ What year was it purchased? _____

Range/Oven - What type of range/oven do you have? Electric _____ Gas _____ Microwave? Yes _____ No _____
- How many meals are prepared each day in your home? _____

Washer - What type of clothes washer do you have? Top Load _____ Front Loading _____
- How many loads per week do you wash? _____
- Of these, how many are washed in the following temperatures? Cold _____ Warm _____ Hot _____
- At what temperature do you rinse these loads? Cold _____ Warm _____ Hot _____

Dryer - What type of clothes dryer do you have? Electric _____ Gas _____
- How many loads per week do you dry? _____

Dishwasher - Do you have a dishwasher? Yes _____ No _____
- How many loads per week do you wash? _____

Well Pump - Do you have a well pump? Yes _____ No _____ Do you have a well heater? Yes _____ No _____
- What horsepower is it? _____ Where is the pressure tank located? _____

Television - How many televisions do you have? _____

Electronics - Do you have any other large electronic items (i.e. Ham Radio, Stereo, etc.)? _____

Small Appliances

Please note the number of each of the following items you have in your home.

Electric Blanket _____ Water Bed with Heater _____ Ceiling or Box Fan _____
Other _____

PLEASE RETURN THIS COMPLETED FORM TO:

Co-Mo Electric Coop., Inc. - Attn: Customer Service - PO Box 220 - Tipton, MO 65081-0220

- FOR OFFICE USE ONLY -

REC'D DATE: _____	REC'D BY: _____
DATE CT INFO WAS UPDATED IN CIS: _____	SENT TO SCANNING/PUT IN MS TRAY: YES _____
DATE OF ENERGY AUDIT: _____	ENERGY AUDIT COMPLETED BY: _____
MEMBER SERVICES ADDITIONAL COMMENTS: _____	