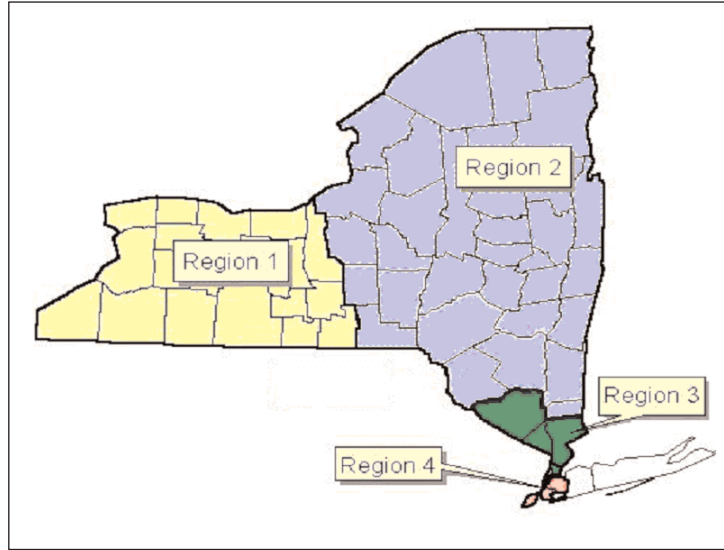


If you are interested in initiating an on-site Energy Audit please either complete this form and return or fax to the appropriate auditor; or go to [www.nyserdera.org/programs/energyauditform.asp](http://www.nyserdera.org/programs/energyauditform.asp) to apply online.:



<p><b>Region 1 - C.J. Brown Energy</b>                  Contact: Wayne Balas                  Phone: 716-565-9190                  FAX: 716-633-5598</p>	<p><b>Region 2 - L + S Energy</b>                  Contact: Catherine Griffin                  Phone: 518-266-9360 ext. 302                  FAX: 518-266-9466</p>
<p><b>Region 3 - Daylight Savings</b>                  Contact: Frank Lauricella                  Phone: 845-291-1275                  FAX: 845-291-1276</p>	<p><b>Region 4 - EME Group</b>                  Contact: Michael Leach                  Phone: 212-529-5969                  FAX: 212-529-6023</p>

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Size of Facility (in square feet): \_\_\_\_\_

Total Annual Energy Costs: \_\_\_\_\_

Annual Energy Costs By Source:

Electric: \$ \_\_\_\_\_ ; Natural Gas: \$ \_\_\_\_\_

Fuel Oil: \$ \_\_\_\_\_ ; Other: \$ \_\_\_\_\_

Electric Account Number: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

I certify that I am acting, or I am authorized to act on behalf of, the facility and that the information provided as part of this application is true to the best of my knowledge.

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_