



FLEXTECH REFERRAL

Date: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____

Electric Utility: _____ Electric Account #: _____

Gas Utility: _____

Total Annual Energy Costs: _____

Annual Cost by Source:

Electricity: _____

Natural Gas: _____

Fuel Oil: _____

Steam: _____

Description of Needs, Potential Energy Conservation Measures, or Assistance Requested:

Signature _____

Available on-line at www.nyserdera.org/programs/flextech.asp or fax to Jillina Baxter at 518-862-1091 or e-mail to: [Jillina Baxter, jbl@nyserdera.org](mailto:Jillina.Baxter@nyserdera.org)