

## Project/ Customer Data Collection Form

Date: \_\_\_/\_\_\_/\_\_\_

### Site Information:

AEP Account Number (first 10 digits): \_\_\_\_\_

Account Name (exactly how it is on customer APCo bill): \_\_\_\_\_

Address: \_\_\_\_\_ State: VA Zip: \_\_\_\_\_

Bldg. Type (office, industrial, etc.): \_\_\_\_\_

# of shifts:  one  two  three

Annual Operating Hours: \_\_\_\_\_

Occupancy Status:  rent  own

Square Footage: \_\_\_\_\_

Year Built: \_\_\_\_\_

Water Heating Type:  electric  natural

Number of Floors: \_\_\_\_\_

gas  LP gas  steam  oil

Number of Employees:  1-10  11-50

more than 50

Space Conditioning type:  AC w/electric heat  AC with natural gas heat  heat pump

electric heat only  natural gas heat only  unconditioned

Estimated Installation Completion Date: \_\_\_/\_\_\_/\_\_\_

### Customer Contact information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Address incentive check should be *mailed*:

Attention To Name: \_\_\_\_\_

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

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

### Contractor Contact information (if applicable):

Business Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Supporting Documents check list:

#### Required:

Equipment specification sheets:

Payee's W9:

Project estimate or invoice:

#### If applicable:

Project Scope:

Existing lighting type/wattage:

Letter of Authorization:

Before/After pictures: