

## Energy-Saving Window Film Energy Audit Request Form

| Building Address and Contact Information |                |      |
|--|----------------|------|
| Building Name:                           |                |      |
| Address:                                 |                |      |
| City                                     | State:         | Zip: |
| Building Contact Name:                   |                |      |
| Contact Phone:                           | Contact Email: |      |
| Name of Person Completing Form:          |                |      |
| Contact Phone:                           | Contact Email: |      |

| General Building Information  |   |
|---|---|
| Building Type: <input type="checkbox"/> Apartments <input type="checkbox"/> Motel / Small Lodging <input type="checkbox"/> Retail, stand alone <input type="checkbox"/> Retail, strip mall <input type="checkbox"/> Hotel / Large Lodging<br><input type="checkbox"/> Small Office - <i>Floor space less than 50,000 sf</i> <input type="checkbox"/> Large Office - <i>Floor space greater than 50,000 sf</i><br><input type="checkbox"/> Hospital <input type="checkbox"/> Primary School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Nursing Home<br><br><input type="checkbox"/> Other (explain): _____ |   |
| Approximate Year Building was Built:  | Total Building Floor Space (square feet): |
| Number of Stories/Floors:   | Building Rotation from North:             |

| Utility Rates And Annual Energy Costs   |   |
|---|---|
| Electric Utility Company Name:  | Natural Gas Company Name:   |
| <b>Annual average electricity cost per kilowatt hour</b><br>(total annual electricity \$, including taxes and surcharges, divided by total annual kwhr):<br><div style="text-align: right;">\$ per kwhr</div> | <b>Annual average natural gas cost per therm</b><br>(total annual natural gas \$, including taxes and surcharges, divided by total annual therms)<br><div style="text-align: right;">\$ per therm</div> |
| Annual Electricity Costs: \$  | Annual Natural Gas Costs: \$  |

| Thermostat Settings   |   |
|---|---|
| Heating Season Thermostat Settings:<br>Day _____ °F    Night _____ °F   | Cooling Season Thermostat Settings:<br>Day _____ °F    Night _____ °F |
| On weeknights, HVAC system is shut off from: _____ AM to _____ PM <input type="checkbox"/> Not Shut Off                                   |   |
| Is building HVAC system operated on weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, approx no. of hrs _____ |   |

## Energy-Saving Window Film Energy Audit Request Form

### Air Distribution System

Check most common air distribution system being used:

Variable Air Volume     Constant Air Volume     Four-Pipe System with fan coils     Powered induction units

Is an air-side economizer used     Yes     No

### Heating System

Check most common heating system:

None     Gas Boilers     Electric Boilers     Electric strip heat     Gas Furnace

Room Heat Pump     Central Heat Pump     Gas Heat Pump

Other-specify \_\_\_\_\_

Is hot water temperature reset used?     Yes     No (optional)

### Cooling System

Check system:

None     Centrifugal Chiller     Reciprocating or Screw Chiller

Variable Speed Drive Chiller     Gas Absorption Chiller     Direct Expansion (DX) Units

If chillers above, average size (tons): \_\_\_\_\_ (optional)    Est. kw/ton (full load): \_\_\_\_\_ (optional)

Is chilled water reset used?     Yes     No (optional)

Is Thermal Storage used?     Yes     No (optional)

Additional Description of HVAC System:



**Submit by email:** [info@coolvu.com](mailto:info@coolvu.com)



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