



FACILITY DATA FORM

Complete one Facility Data Form for **each building** that you would like to have audited.

APPLYING AGENCY: _____

- This Entity owns the facility described below or has provided documentation to show that the applicant pays the utility bills and has permission from building owner to perform audit and install energy efficient equipment.

This building is served by (check all that apply):

<input type="checkbox"/>	Dayton Power & Light
<input type="checkbox"/>	Vectren
<input type="checkbox"/>	A non-regulated energy company (municipal, cooperative, etc.) *
<input type="checkbox"/>	A non-regulated electric generation supplier _____
<input type="checkbox"/>	A non-regulated gas supplier _____

**Note: buildings that are NOT distribution customers of Dayton Power & Light will be ineligible to receive incentives. Applicant must check off the appropriate box above for buildings in this situation.*

FACILITY INFORMATION

Please complete the information below for this specific facility that is seeking enrollment in the Program.

Facility Name			
Street Address		County	
City		State	Zip
Facility's Description			
Total Sq Ft	Year Built	Hours/Week Occupied	Number of Employees
Is there a maintenance staff onsite?		If yes, how many personnel?	



Building Type (Check only one of the following):

<input type="checkbox"/>	Emergency Services	<input type="checkbox"/>	Garage
<input type="checkbox"/>	Center/Meeting Hall/Library	<input type="checkbox"/>	Offices
<input type="checkbox"/>	Recreation/Entertainment/Parks	<input type="checkbox"/>	Religious
<input type="checkbox"/>	School	<input type="checkbox"/>	Water Treatment/Pumping
<input type="checkbox"/>	Other: _____		

ENERGY DATA

Please complete the energy information below for the most recent 12 month period available. In order to gain a complete picture of the facility's energy use, be sure to include all types of energy used by the facility. Do not include vehicle fuel.

The Data Below is for the 12 Month Period: ____/____/____ to ____/____/____

ELECTRICITY

Electric Utility Name & Account Number(s)	
Annual kWh Use	Annual Electricity Cost
Max Summer kW	Max Winter kW

NATURAL GAS

Natural Gas Utility Name & Account Number(s)	
Annual Use in Therms	Annual Natural Gas Cost

OTHER

In this section please indicate any other fuel type that the facility uses, such as: fuel oil, propane, solar energy, wind energy, bio-fuel, cogeneration, fuel cells.

Other Fuel Type:	
Annual Energy Use (indicate units)	Annual Energy Cost



Please mail, fax or email your completed application to:

Dayton Power & Light
Energy Efficiency Programs
1900 Dryden Road
Dayton, Ohio 45439
Fax: 937-331-4088
Email: energyefficiency@dplinc.com

For further questions, please call 937-331-4769 or visit our website at www.dpandl.com/save-money

STAFF USE ONLY

Date Received: _____	Project No.: _____
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