

Business Name _____

Property Address _____

City _____

State _____ Zip Code _____

Business Contact Name _____

Email Address _____

Phone Number _____

Please submit a copy of a recent electric bill with this form to **support@AUSenergy.com** or fax a copy to **877-525-8634**.

Property Information

How many buildings make up the property? _____

What is the primary use of the property/each building? _____

Are the building(s) owned/leased/or rented? _____

When were the buildings on the property built? _____

What is the total gross square footage of all buildings? Individual square footage?

What is the number of floors in each building? _____

How many units/rooms are in each building? _____

Does the property have a public/private garage and is it indoor, outdoor, covered, or enclosed? What is the square footage?

Current Lighting Overview

TYPE OF FIXTURE	# OF FIXTURES	WATTS (Per Fixture)	OPERATING DAYS (M,T,W,T,F,S,S)	OPERATING HOURS (Total Hours)	OUTDOOR OR INTERIOR
Halogen					
Metal Halide					
High Pressure Sodium					
Mercury Vapor					
8'T12					
4'T12					
T8					
T5					
Other					
Non-LED Exit Signs					