

Multifamily In-Unit Energy Efficiency Program Post-Installation Data Collection Form



THIS FORM MUST BE FILLED OUT ACCURATELY AND FAXED TO: 309-673-3370

Complex Name:		(Building) Street Address:							
Number of Total Buildings: Number of Total Units:		(Building) City/State/Zip:							
On-Site Contact Name & Title:		On-Site Phone Number:							
Property Owner / Management Name:		Property Owner / Management Phone Number:							
BLDG # (if applicable)	Accurate Reporting is Very Important								
	Please provide quantities for every apartment and use a separate sheet for each building.								
Water Heater: <input type="checkbox"/> Gas <input type="checkbox"/> Electric		HVAC Type: Central A/C: <input type="checkbox"/> Yes <input type="checkbox"/> No							
APT #	15 watt CFL Replaces 60W	20 watt CFL Replaces 75W	23 watt CFL Replaces 100W	Showerhead Replaces ≥ 2.5gpm	Kitchen Aerator	Bathroom Aerator	Ft of Pipe Insulation		
							1/2"	3/4"	
Totals for This Bldg.									

I confirm that the data entered on this form is correct and that all measures have been installed as reported:

Property Owner/Management - Print Name: _____

Property Owner/Management - Sign Name: _____ Date: _____

There are _____ total Data Collection sheets being faxed or mailed. (See contact information below.)