

# AUSTIN ENERGY'S MULTIFAMILY POWER SAVER PROGRAM SURVEY REQUEST



## COMPLEX

Complex Name \_\_\_\_\_ File # \_\_\_\_\_

Complex Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NOTE: Government subsidized & non-profit multi-family housing units must go through the Austin Energy Commercial Rebate Program.

Management Company Name _____ Management Company Address _____ City _____ State _____ Zip Code _____	Owner Name _____ Owner Address _____ City _____ State _____ Zip Code _____
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Who conducts financial transactions for this facility?

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Who will be designated to work with our Conservation Representative?

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

## FLOOR PLANS

LIST INFORMATION FOR ALL BUILDINGS WITH DIFFERENT FLOOR PLANS TO BE AUDITED

1. How many different floor plans are there? \_\_\_\_\_ (Year Built) \_\_\_\_\_
2. How are the apartments electrical supply metered? Individual / Master
3. Type of Water Heater:  Individual Electric /  Individual Gas /  Central Hot Water System /  Re-circulating Water System
4. Type of Air Conditioner:  Central Split System /  Window Unit /  Package Unit /  Through the Wall /  Central Chiller
5. Type of Heating System:  Electric Resistance /  Heat Pump /  Gas /  Central Boiler /  Wall Furnace /  Hydronic Aqua Therm

<i>Total # of Buildings</i> _____	<i>Total Number of Units</i> _____	<i>Total SQ. FT.</i> _____
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UNIT TYPE:

# of Bedroom / # of Baths	# OF UNITS	SIZE OF UNITS (SQ.FT.)	TOTAL SQ. FT.
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____
_____/_____	_____	_____	_____

Authorized Signature: _____	Date: _____
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To expedite your energy survey, please answer all questions.

Mail to: Austin Energy/Multi-Family Program  
P.O. Box 1088, Austin Texas, 78767-9949