



# ENERGY ASSESSMENT REQUEST – COMMERCIAL EFFICIENCY PROGRAM

Date: \_\_\_\_\_

LIPA Account No: \_\_\_\_\_

Rate Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Audit Requested By: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Organization Type:  Tax Exempt  Incorporated  Not Incorporated  Not For Profit

Building Size (ft<sup>2</sup>): \_\_\_\_\_

Building Type:

- College
- Hospital
- Office
- Retail
- Other (Specify below)
- Grocery
- Hotel
- Religious
- School
- Warehouse
- Health
- Manufacturing
- Restaurant

Reason For Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email or Fax Application**  
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