



NYSERDA | EmPower New York
Optional Field Data Form

Customer Name: _____ Owner Tenant EmPower ID #: D0 _____

Customer Address: _____

Customer Phone: _____ (home) _____ (alternate) # in household: _____

Electric Company: _____ Annual Electric Usage: _____

Gas Company: _____ Annual Gas Usage: _____

Heating Fuel Type: _____ Cost _____ / _____ Annual Usage: _____

Contractor Name: _____ Contractor Phone: _____

Contractor Address: _____

Contractor Fax: _____ E-Mail: _____

Audit Type: _____ Education: Yes No Audit Date: _____

Dwelling Type: _____ Region: _____ Heated Sqft: _____

of Stories: _____ Mileage: _____

Lighting:	Installed Qty	Location Description	Pre Watts	Post Watts
CFL's				
Torchieres				
Hardwired Fixtures				
Candelabra CFL's				
LED's				

Refrigerators & Freezers:	Existing Location	Pre-Usage	Age of Unit	Existing Size	Replacement Size	Replacement Usage
Refrigerator 1						
Refrigerator 2						
Refrigerator 3						
Freezer 1						
Freezer 2						
Two-for-one						
Refrigerator						
Freezer						

Showerheads & Aerators:	Installed Qty	Existing Airconditioners:	Qty to be Replaced	Cost/each
Standard Showerhead		<input type="checkbox"/> Central A/C?		
Handheld Showerhead		<input type="checkbox"/> Window A/C? Qty: <input type="text"/>	Water Beds: <input type="text"/>	\$ -
Aerator				



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DHW tank: *Conversions only allowed to natural gas, otherwise replacement fuel should be the same as existing.

Existing DHW Fuel: _____ Existing Fuel Cost/unit: \$ - Replacement Fuel Cost/unit: \$ -

Replacement Fuel: _____ Replacement Cost: \$ -

Replacement DHW Make: _____ Replacement DHW Model: _____ Replacement Energy Factor: _____

Tank Wrap Qty: _____ **Repair Description:**

Tank & Vent Repair Costs: \$ -

Pipe Wrap (Ln ft) _____

Dryer Conversion - Electric To Natural Gas:

Est. Loads/Week: 6

Change Loads/Week: _____

Replacement Cost: \$ -

New Dryer Make: _____

New Dryer Model: _____

Description / Addit'l Notes:

Heating Systems:

Existing Heating Fuel: _____

Heating System Type: _____

Existing Efficiency: _____

Replacement Fuel: _____ Cost _____ / _____

Replacement System Type: _____

Replacement Efficiency: _____

Replacement Make: _____

Replacement Model: _____

	Cost	New Efficiency
Clean & Tune	\$ -	

***Must submit a Clean and Tune Check List!**

	Installed Qty
Furnace Filter	
Filter Slot Cover	
Set-back Thermostat	

***Must submit page 2 of the Combustion Appliance Form**

	Cost	Est. Therm Reduction
Distribution/Heating Repair	\$ -	

Description:



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Insulation:

Surface Type	Siding Type	Existing Insulation	Sqft	Inches	Condition	Proposed Inches	Proposed Type

Other Description:

Sqft	Inches
R-Value	Cost/sqft
	\$ -

Vent Type	Qty/Ln Ft.
Gable/Roof	
Soffit	
Ridge	
Baffels	

Other Required for Insulation

Cost
\$ -

Airsealing:

Can't Reach CFM 50

of bedrooms: _____ Exposure: _____ Pre-CFM: _____ @50 Fan Pressure: _____ Pa

Description of Measure and Material	Est. Hrs	Labor Rate	Labor \$	Material \$	Total Cost
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	

TOTAL _____

