

Form 100E
Energy Information Release
Business Energy Solutions—Existing Buildings



To be completed by Participant

Lockheed Martin Services, Inc. is a Program Management Contractor for Energy Trust of Oregon, Inc.

How did you hear about the Existing Buildings Program?			
<input type="checkbox"/> Contractor/Professional	<input type="checkbox"/> Pacific Power	<input type="checkbox"/> Email	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Energy Trust	<input type="checkbox"/> PGE	<input type="checkbox"/> Event	<input type="checkbox"/> Sales Call
<input type="checkbox"/> Cascade Natural Gas	<input type="checkbox"/> Other Utility	<input type="checkbox"/> Letter or Mail	<input type="checkbox"/> Website
<input type="checkbox"/> NW Natural	<input type="checkbox"/> Organization	<input type="checkbox"/> Magazine	

Program Use Only	
Project ID	FastTrack ID

Participant Information

Legal Name (as shown on your last income tax return)			
Assumed Business Name (if different from above)			
Contact Name		Title	
Mailing Address		City	State OR Zip
Telephone		Fax	
		<input type="checkbox"/> home <input type="checkbox"/> mobile <input type="checkbox"/> office	
Email		Website	
Is your organization directly responsible for paying the utility bills at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which of the following best describes your organization? (select one)			
<input type="checkbox"/> Institution	<input type="checkbox"/> Management Company	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant

Project and Facility Information

Project Name		County						
Site Address (if different from mailing address)		City	State OR Zip					
Do you have a project in mind? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Date	Projected Completion Date					
Please describe project.								
Do you have a contractor in mind? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Company Name		Contact	Telephone					
Existing Heating Fuel Source <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other								
Projected uses by Percentage of Square Footage	Office	%	Hospital	%	Schools K-12	%	Auto Services	%
	Restaurant	%	College / University	%	Warehouse	%	Manufacturing	%
	Retail	%	Institution/Govt.	%	Church	%	Other (specify)	%
	Grocery	%	Lodging/Hotel/Motel	%	Assembly	%	Other (specify)	%
Number of Floors		Square Footage		Year Built		Number of Occupants		

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Hours of Operation

	From	To	Total Daily Hours
Monday to Friday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Percent of the year		%	Total Weekly Hours
Open major Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Annual Hours

Electric Utility Information (Please attach copies of most recent utility bills, if available.)

Pacific Power (account numbers required)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Portland General Electric (PGE) (account numbers required)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Electric Utility (specify) (account numbers required)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Gas Utility Information (Please attach copies of most recent utility bills, if available.)

NW Natural (account numbers required: include rate schedules, if available)

<input type="text"/>	Rate Schedule:	<input type="text"/>	Rate Schedule:
<input type="text"/>	Rate Schedule:	<input type="text"/>	Rate Schedule:

Cascade Natural Gas (account numbers required)

<input type="text"/>	Rate Schedule:	<input type="text"/>	Rate Schedule:
<input type="text"/>	Rate Schedule:	<input type="text"/>	Rate Schedule:

Energy Information Release

Participant authorizes Energy Trust to access energy usage data for the project's specified accounts at the physical address of the project as listed. Participant agrees to provide other reasonable assistance to Energy Trust to obtain such information. Participant further authorizes Energy Trust to discuss its energy efficiency project with the applicable utility account representative(s) designated to the accounts listed herein.

Authorized Representative Name (printed)	Signature	Date
Form Prepared by (printed)	Organization or Company	Date
Signature	Email	Telephone

A program representative will contact you within 5 business days to discuss what options are available for your facility after evaluating your energy usage based on the utility account information you have provided.

Please fax the signed form to (503) 243-1154, or mail it to the address below:

Fax transmission of any signed original document, and the retransmission of any signed fax transmission, shall be the same as delivery of the original signed document. Scanned original documents transmitted to Energy Trust as an attachment via electronic mail shall be the same as delivery of the original signed document. At the request of Energy Trust, Participant shall confirm documents with a facsimile transmitted signature or a scanned signature by providing an original document.