

**Form 300C
Customer Inquiry Form
Home Energy Solutions—Multifamily**



To be completed by Participant

***This form is not an incentive application.
Please complete as much as possible and submit with contractor's bid.***

How did the Participant hear about Multifamily Home Energy Solutions?							
<input type="checkbox"/> Contractor	<input type="checkbox"/> Pacific Power	<input type="checkbox"/> Other Utility	<input type="checkbox"/> Bill Insert	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Sales Call	<input type="checkbox"/> Website	
<input type="checkbox"/> Energy Trust	<input type="checkbox"/> PGE	<input type="checkbox"/> Other	<input type="checkbox"/> Email	<input type="checkbox"/> Letter or Mail	<input type="checkbox"/> Trade Show	<input type="checkbox"/> Other	
<input type="checkbox"/> NW Natural	<input type="checkbox"/> Cascade Natural Gas		<input type="checkbox"/> Event	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of Mouth		
If Other:			If Other:				

Required Property Information

Property Name				Today's date: (m/d/yy)			
Property Address			City		State		Zip
County			Telephone				
# of Units:	# of Buildings:	# of Levels:	Year Built:		Sq. Ft. of Living Space:		
Heating Fuel Type		<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Combination	<input type="checkbox"/> Other (specify)		
If Electric, Type of System		<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Furnace	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Other (specify)		
Water Heating Fuel Type		<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Combination	<input type="checkbox"/> Other (specify)		
Check Utility Provider(s)		<input type="checkbox"/> NWN	<input type="checkbox"/> PGE	<input type="checkbox"/> PPL	<input type="checkbox"/> Other (specify)		

Required Owner/Contact Information

Owner/Payee's Name (indicate if DBA or LLC)		Contact's Name				
Email		Contact's Phone		Fax		
Mailing Address		City	State		Zip	
Do residents at your property pay their own utility bills?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, a W-9 is required before payment can be issued.		

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Measures

Estimated Start Date:			Estimated Completion Date:		
MEASURE	SPECIFICATIONS	EXISTING R or U VALUE	REPLACEMENT R or U VALUE	SQUARE FOOTAGE OF MEASURE TO BE INSTALLED	PROJECT COST
Insulation:					
Ceiling	to R=38, or filled				
Floor	to R=30, or filled				
Wall	to R=11, or filled				
Windows	to U=.32, or lower				
Exterior Doors	<R=2 to >R=5			Quantity:	
Are all units in each affected building involved in the above measures? <input type="checkbox"/> Yes, all units in all buildings. <input type="checkbox"/> No, all units in one building. <input type="checkbox"/> No, not all units in any one building.					
If not all units in any one building, please explain:					

MEASURE	SPECIFICATIONS	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT	QUANTITY OF REPLACEMENT EQUIPMENT	PROJECT COST
Electric, Gas, or Solar Hot Water Heaters	See available incentives.	Age:	EF:	Quantity:	
Commercial or In-Unit Clothes Washers	- MEF 2.0 or greater - Water factor (WF) 6.5 or less	Manufacturer: Model Number: Age: MEF:	Manufacturer: Model Number: Age: MEF:	Quantity: Average loads per day: Number of washers on site:	Cost for standard equipment: Cost for MEF 2.0+ equipment
Lighting	See <i>Form 100L: Information, Lighting Tool</i>				
HVAC	See <i>Form 300H: Customer Inquiry Form, Heating Ventilation and Air-Conditioning (HVAC) Measures</i>				

Contractor Information (This information is necessary only if it is not already listed on the submitted bid.)

Company Name	Construction Contractors Board (CCB) Number		
Contact Name	Email		
Address	City	State	Zip
Telephone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Fax