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www.nwec.com

ENERGY ANALYSIS FORM

Complete the entire form and return to our office for review.

Provide as much information as possible for best results.

CONTACT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

HOUSEHOLD INFORMATION

The number of people living in the home: _____

Age of home: _____ Approx. square footage of home: _____

MECHANICAL SYSTEMS AND APPLIANCES

Type of Heat (check all that apply):

Electric Gas Fuel Oil Geothermal Heat Pump

Do you use portable electric heaters? Yes No How many? _____

Type of Air Conditioning (check one):

Central Air Window Units How many? _____

Water Heater (check one):

Gas Electric Size (in gallons)? _____

How many showers are taken daily? _____

Range (check one): Gas Electric

Cook Top (check one): Gas Electric

Dryer (check one): Gas Electric

Well (check one): Submersible Shallow

Security Lights: How many? _____ Do you rent them from NWEC? Yes No

Refrigerator: How many? _____

Deep Freezer: How many? _____

How many out buildings (detached garages, shops, barns, etc.) with power? _____

Do any of them have separate meters? Yes No

Do you have a camper or RV that you plug in? Yes No

Do you have any of the following items:

Fence Charger Yes No

Computer Yes No How many? _____

Tanning Bed Yes No

Humidifier Yes No

Dehumidifier Yes No

Whirlpool Tub Yes No

Pool Pump Yes No

Pool Heater Yes No

Microwave Yes No

Hot tubs (outside) Yes No

Have you recently had remodeling done at your home? Yes No

Explain: _____

Have you recently replaced any appliance in your home? Yes No

Which one and date replaced: _____

Have you recently had any of your home's mechanical systems (furnace, pump, etc.) repaired or replaced? Yes No

Explain: _____