

REQUESTED COMPANY INFORMATION PRIOR TO SUBMISSION OF ENERGY AUDIT PROPOSAL FOR BUILDING / COMMERCIAL AREA

We would like to request you to provide us the following information, if available, about your company to give us an idea of the project and enable us to prepare the proposal:

1. Name of Buil	ding				
Location					
Owner					
Business Add	ress				
2. Purpose, obj	ectives and directions for	the conduct of I	Energy Audit:		
3. Building Type	/Category				
Residential	Commercial Ho	spital Inc	dustrial Others		
4. Building Cha	racteristics and Features	Estimates are ac	ceptable; areas in sc	q. mtrs.)	
Total land are	ea				
Number of Towers			No. of floors/Tower:	oors/Tower:	
Total Floor Ar		sq mtrs			
Area of air-conditioned		1	Number of persons in areas:		
space: Area of non-			Number of persons in	areas.	
airconditione			Northber of persons in	areas.	
5. Connected l	•				
Range of month	,	Peak	Ave	erage	
demand (kW):					
,	sumption (kWH)				
Range of Monthly Minimum Consumption (kWH):		Maxim	JM Ave	Average	
Consumption (k	(VVH):				
7. Other Non-el	ectric (Fuel) Energy				
	Monthly				
Fuel	Consumption	Minimum	Maximum	Average	
	(kg or liters/month)				

8. <i>A</i>	Age of Building / Facility or Date Completed Construction (if known): dd/mmm/yyyy
	Description of Major Power Consumers: Centralized air-con units – type/model, capacity, number of units, average age
I	ndividual air con units – type, model, capacity, number of units, average age
T	Type of Equipment, type/model, kw rating, power supply
('Attach additional sheet if space is not enough)
,	information given to PIEMPI will be treated as confidential and shall be used only for the sole ose of initial assessment of the requested project to prepare and submit a proposal.
PHILI	PPINE INSTITUTE OF ENERGY MANAGEMENT PROFESSIONALS INC.
	ect Manager
Conf	tact:
Mob Emai	PI Secretariat iile Number: +63 917-8654455 iil: secretariat.piempi@gmail.com the CLIENT - CONFIRMED/APPROVED BY:
	thorized Representative: SIGNATURE ABOVE PRINTED NAME te signed: