

Smart Building Optimization Systems

Customer Site Information Form

CUSTOMER INFORMATION

Corporate Legal Name _____
Operating Name – DBA: _____
Street Address: _____
City, State, Zip: _____
Contact Person: _____
Contact's Title: _____
Contact Phone: _____
Contact Email: _____
Years in Business: _____
Number of Employees: _____
Tax 10 #: _____

PROPERTY INFORMATION

Property Details:

Number of Floors: _____
Total Building Sq. Ft: _____
of Doors to Outside: _____
of Bathrooms: _____
Solar: Yes No
LED : Yes No
Current Lighting Controls: Yes No
Smart Meter: Yes No
Power in Meter Room Yes No

BUILDING AUTOMATION

Annual Energy Spend _____
Current Building Automation System: Yes No
Does the BAS PC have internet access: Yes No

Building Automation System Details:

Manufacturer / Make _____
Model _____
Version _____

Current HVAC Details:

How many HVAC Units: _____
Thermostat/s Model: _____
Model: _____
Type: _____
HVAC CB: In main panel Separate

Cooling:

of Cool Rooms / Refrigeration Systems: _____
Onsite Refrigeration Perisable: _____
Onsite Refrigeration Non-Perisable: _____

WiFi:

Onsite accessible Wifi: _____
WiFi provider name and contact: _____

Further Information if Needed:
