



DSB Energy Services

Customer Questionnaire

Thank you for choosing DSB Energy Services LLC for your home performance audit. Please take a few minutes and fill out this form as completely as you can. This information will enable us to better understand comfort issues in your home as well as more accurately model the energy and water usage in your home. This will make our energy assessment more accurate.

Homeowner Information

Full Name _____ Phone Number _____

Address _____
Street Address City State Zip

Electric Utility _____ Account # _____

Gas Utility _____ Account # _____

Reason for requesting an energy audit? Please rank from one to three in order of importance.

___ Reduced energy bills ___ Increased comfort ___ Environmental

Residency

How long have you lived at the home? _____

What is the approximate age of the home? _____

How many people live in the home full-time? _____ Seasonally? _____

Have you remodeled, upgraded or added to home? _____

If so, what was done and when?

Health

Does anyone suffer from health related problems, for example respiratory problems or asthma? Explain:

Do you ever smell gas or flue smells in the home? Yes / No

Do you have any carbon monoxide detector installed? Yes / No

Do you use any unvented gas appliances in the home? Yes / No

Have you ever performed a radon test in the home? Yes / No

Comfort

Do you experience any comfort issues? *Circle all that apply*

Hot rooms Cold rooms Drafts Dampness

Others? Explain

Heating and Cooling

Number of thermostats? _____ Are they programmable? _____

Location? _____

Winter temperature when home? _____ When out? _____

Summer temperature when home? _____ When out? _____

How many hours are you home during winter? _____ Summer? _____

Do you close off parts of the home during the heating season? Yes / No

If yes, which rooms? _____

What is the primary fuel sources used in the home for heating? *Circle all that apply*

Natural Gas Propane Oil Wood Coal Wood Pellets Electric

Do you use any supplemental heating/cooling for additional comfort? *Circle all that apply*

Fireplace Electric Heater Gas Heater Window A/C Wood Stove Other _____

When was the last scheduled maintenance on the heating/cooling systems?

This year Last year Within the last two years I don't know

Moisture Issues

Have you experienced any seasonal moisture issues? *Circle all that apply*

Window Condensation Musty Odors Dampness Peeling Paint Water Stains

Other _____

Dehumidifier Usage: None Low Usage High Usage
Humidifier: None Low Usage High Usage

Appliances

Range (circle one): Gas Electric Pilot / No Pilot

Oven (circle one): Gas Electric Pilot / No Pilot

Refrigerator: How many? _____ Year(s) Produced? _____

Freezer: How many? _____ Year(s) Produced? _____

Other (circle all that apply)

Swimming Pool Hot Tub/Spa Well Pump Large Aquarium Waterbed Heater

Whole House Fan Window Fan Ceiling Fan Microwave Plasma TV

LCD TV Tube TV Home Theater Computer Stereo

Others?

Water Usage

Average number of showers per week? _____

Average number of laundry loads per week? _____

Average number of dishwasher loads per week? _____

Any irrigation schedules? _____

Any other usage not mentioned? _____

Lighting

60 Watt Lightbulb _____ 75 Watt _____ 100 Watt _____ 150 Watt _____
Compact Fluorescent Lightbulb (CFLs) _____

Please take a walk through your home and count the lights and their wattage

Living room

Family Room

Kitchen

Dining Room

Entry / Foyer

Exterior lights

Garage

Basement


Bathrooms

Bedrooms/Closets

Utility Bills

We'll need 12 months of consecutive utility bills to accurately perform your home performance audit. The bills will be analyzed to help target areas in need of improvement such as heating, cooling, and baseload usage. This is very important information critical to the accurate saving predictions and overall success of the audit. This will be a benchmark of your home now and will give the ability to track your energy cost after improvements. Ask yourself the following questions and follow the instructions for each fuel.

 **Electricity and Natural Gas** – Billed monthly, so collect all the bills stubs for the most current year.

 **Propane, Oil, Coal and Wood products** – Sold as a bulk fuel, so collect all the fuel stubs from deliveries over the selected year.

Q. I have kept a good record of all my utility expense over the past year. What does the auditor need?

A. Great! The auditor will need the records of all the fuels used in the building over the last twelve months. Pick the most current timespan, such as your most recent bill and the 12 months prior.

Q. I have not kept good records. How do I get the information needed?

A. Not a problem. Electric and natural gas utilities will have your information on record and will send you a copy of your usage. Simply call you utility company and request the information. **Tip:** A few utility companies have online services in which customer can simply create an account, log on, and view their accounts and usage. Ask your utility or search for them on the internet. As for bulk fuels, call or ask your provider if they have any record of the amount you purchased or delivered over the last year, review your expenditures and estimate total cost spent on the fuel, and estimate how much was delivered over how many deliveries. If you need to make “ballpark” figures, that is ok; it will give the auditor a place to start.

Q. I have partial year or no records at all. What do I do?

A. You may have just recently purchased the home or only lived in the home a few months. If this is the case, try to find information from the previous owner, landlord, or tenant. Gather together what bills you currently have; even if you have one month's electric or gas bill, this will be a start. The auditor will need to make generalized usage assumption. This will not affect the overall ability of the auditor to perform a comprehensive energy audit and improvements, but will make saving predictions less accurate.

If you have any question about the acquiring the bill, Call your DSB Energy Services for guidance

Utility information

My year of utility bills begins _____/_____/_____ ends _____/_____/_____

Electricity (circle one): 12 months partial year one month

Natural Gas (circle one): 12 months partial year one month

Propane (circle one): Actual 12 months usage/gal Estimated 12 months usage/gal

Total Yearly Cost _____

Oil (circle one): Actual 12 months usage/gal Estimated 12 months usage/gal

Total Yearly Cost _____

Wood (circle one): Actual 12 months usage/cords Estimated 12 months usage/cords

Total Yearly Cost _____

Coal (circle one): Actual 12 months usage/tons Estimated 12 months usage/tons

Total Yearly Cost _____

Attach your billing information to this document