Consumption and demand-side management (DSM) program participation data are to be provided for the entire building identified on the label.

A copy of the authorization form signed by the building owner/manager is included inside.

Data may be submitted directly on the reporting form inside this folder, or in any other format, such as a computer-generated listing or the enclosed formatted diskette, which provides the same information and is convenient for your company.

Whatever format is used to submit data, answers to all questions on this form must be included with the submission.

For additional information on how to complete the form, see the separate instructions.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 800-685-1582 TOLL FREE AND ASK FOR THE SUPPLIER SURVEY SPECIALIST.
**COMMERCIAL BUILDINGS ENERGY CONSUMPTION SURVEY FOR 1992**

**SCHEDULE A — BUILDING ELECTRICITY USAGE FORM**

1. For the building identified on the label, please report total electricity consumption in this building from December 1, 1991 through January 31, 1992.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>CONSUMPTION PERIOD</th>
<th>NO. OF ACCOUNTS</th>
<th>CONSUMPTION DATA</th>
<th>BILLING DATA</th>
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</tbody>
</table>

**IF ONLY ONE ACCOUNT OR IF ALL ACCOUNTS ARE ON THE SAME BILLING CYCLE**

- New Accounts: Used in this Building
- Old Accounts: Used in this Building
- TOTAL KWh USED
- METERED KILOWATT/HOUR DEMAND

**Quantities Reported Are**
- **A =** All Actual
- **E =** Some or All Estimated

- Total Dollar Amount should exclude:
  - State and local taxes,
  - Fuel adjustment charges,
  - System charges (minimum bill or base charge), and
  - Demand charges,
  - Merchandise,
  - Repair charges,
  - Service charges (hookup or disconnect fees, late payment fees, etc.), and
  - Any other charges not specifically listed at left.

**TOTAL DOLLAR AMOUNT**

- Total Dollar Amount should exclude:
  - State and local taxes,
  - Fuel adjustment charges,
  - System charges (minimum bill or base charge), and
  - Demand charges,
  - Merchandise,
  - Repair charges,
  - Service charges (hookup or disconnect fees, late payment fees, etc.), and
  - Any other charges not specifically listed at left.

**IF ANY CUSTOMERS IN THIS BUILDING ARE ON A BUDGETED BILLING CYCLE, DO NOT REPORT FIGURES FROM THE BUDGETED BILL. INSTEAD, PLEASE REPORT THE TOTAL DOLLAR AMOUNT FOR THE COST OF ACTUAL CONSUMPTION DURING EACH CONSUMPTION PERIOD.**
2. Does the response to Item 1 above include all accounts active in this building as of January 31, 1993? [ ] Yes [ ] No [ ] Don't Know

3. Other than the building identified on the cover, does the information in Item 1 above include consumption in any other building(s)? [ ] Yes [ ] No [ ] Don't Know

4. How do you classify this building/account in your records? (CHECK ONE)
   [ ] Residential
   [ ] Commercial
   [ ] Industrial
   [ ] Commercial/Industrial
   [ ] Other (specify)

   NOTE: Please provide the reported information for this building even if this is not a commercial building according to your definition or records.

5. Form completed by:
   NAME (Please Print) ____________________________
   Area Code ( ) TELEPHONE ( ) FAX
   TITLE ____________________________ DATE ____________________________
Demand-Side Management (DSM) program participation data are to be provided for the entire building identified on the label.

Data may be submitted directly on the reporting form, or in any other format, such as a computer-generated listing, which provides the same information and is convenient for your company.

Whatever format is used to submit data, answers to all questions on this form must be included with the submission.

For additional information on how to complete the form, see the separate instructions.

1) Does any account in this building have any of the following special electric service rates? (MARK ALL THAT APPLY)
   [ ] Seasonal Pricing
   [ ] Time-of-Day Pricing
   [ ] Time-of-Day Lockout or Limit
   [ ] Interruptible or Curtailable Rate
   [ ] Metered Peak Demand
   [ ] Any Other Special Rate (Specify) ____________________

2) Does your utility sponsor any type of DSM programs for any commercial and/or industrial customers?
   [ ] Yes — CONTINUE WITH QUESTION 3   [ ] No — SKIP TO QUESTION 5   [ ] Don't Know — SKIP TO QUESTION 5

3) Has your utility performed or sponsored an energy audit for this building or any account in this building during the period from January 1, 1990 to December 31, 1992? (An energy audit is an on-site inspection by a trained energy professional that is designed to identify ways to reduce usage or shift electric loads.)
   [ ] Yes — CONTINUE WITH QUESTION 3a   [ ] No — SKIP TO QUESTION 4   [ ] Don't Know — SKIP TO QUESTION 4

3a) Is a paper copy or computer file of the energy audit available?
   [ ] Yes   [ ] No   [ ] Don't Know
4) The grid below shows the different types of electric DSM programs that are routinely made available to commercial and/or industrial customers. Please indicate participation during the period from January 1, 1990 to December 31, 1992 by any account in this building by circling the number in the boxes that match the type(s) of DSM assistance furnished (i.e., general information, site-specific information, etc.) and the DSM measure (lighting, building envelope, etc). (CIRCLE ALL THAT APPLY.)

<table>
<thead>
<tr>
<th>TYPE OF DEMAND-SIDE MANAGEMENT MEASURE</th>
<th>TYPE OF DEMAND-SIDE MANAGEMENT ASSISTANCE FURNISHED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Assistance</td>
</tr>
<tr>
<td>a. Lighting</td>
<td>1</td>
</tr>
<tr>
<td>b. Building envelope or shell</td>
<td>1</td>
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<tr>
<td>c. HVAC equipment installation or retrofit</td>
<td>1</td>
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<tr>
<td>d. Energy efficient motors, including adjustable speed drives or variable speed motors</td>
<td>1</td>
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<tr>
<td>e. Water heating</td>
<td>1</td>
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<tr>
<td>f. Process heating or cooling, such as waste heat recovery</td>
<td>1</td>
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<tr>
<td>g. Direct electricity load control</td>
<td>1</td>
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<tr>
<td>h. Thermal storage</td>
<td>1</td>
</tr>
<tr>
<td>i. Standby electricity generation</td>
<td>1</td>
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<tr>
<td>j. Any other type of program</td>
<td>1</td>
</tr>
</tbody>
</table>

5) Form completed by:

NAME (Please Print) ___________________________ Area Code ( ) TELEPHONE ( ) FAX

TITLE ___________________________ DATE ___________________________