



## HVAC SYSTEM OPTIMIZATION APPLICATION

Complete, sign, and return the application to your electric utility provider. Questions ?? contact Steve Zach (402-563-5472). This program does not apply to new construction. See the "HVAC System Optimization Program Guidelines" for more information.

**1. Customer Name:** \_\_\_\_\_ Electric Utility: \_\_\_\_\_  
 Customer's Account #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
 Customer's Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Installation Address & City (if different from above): \_\_\_\_\_

**2. Name of Person Preparing this Application:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**3. Energy Conservation Measure (ECM) Information** Facility Floor Area (sqft): \_\_\_\_\_

ECM No.	Description	Summer Energy Savings (kWh)	Winter Energy Savings (kWh)	Summer Electric Demand Savings (kW)	Fossil Fuel Savings (therms or gallons)
1					
2					
3					

ECM No.	Electrical Savings (\$)	Fossil Fuel Energy Savings (\$)	Total Savings (\$)	Project Cost (\$)	Payback (years)	Estimated Start Date	Estimated Finish Date
1							
2							
3							

Attach separate sheet(s) for additional ECMs. Attach Assessment or Comprehensive Study as applicable. The Electric Utility reserves the right to request more detailed information regarding the ECMs to allow for evaluation of incentives.

**4. Twelve Months of Energy History:** (Or, attach energy history summary from Portfolio Manager or other program instead.)

Month	Year	Electricity Consumption (kWh)	Electricity Demand (kW)	Electricity Billing (\$)	Fossil Fuel (Therms/gal)	Fossil Fuel Billing (\$)	Total Energy Cost (\$)
Jan							
Feb							
Mar							
Apr							
May							
Jun							
Jul							
Aug							
Sep							
Oct							
Nov							
Dec							
Totals:							

Customer: \_\_\_\_\_  
 Print Name Signature Date

Prepared By: \_\_\_\_\_  
 Print Name Signature Date