

The Energy Cooperative - Bill Analysis Checklist Form

The Energy Cooperative wants to assist you in analyzing your bills, but we need your help so that we can better assist you. Please read and provide the following information in sections A through E. Once this form has been completed, please return it to the office and a representative will contact you to inspect your service, test your meter and review your electrical usage with you.

Name: _____ Account No. _____

Work phone number: _____ Time available: _____

Home phone number: _____ Time available: _____

A. Home information:

1. Total number of persons living in the home is: _____.
2. Number of persons, in the specified age groups listed below, living in the home is:
 ___ 0-6yrs, ___ 6-12yrs, ___ 12-18yrs, ___ 18-30yrs, ___ 30-65yrs, ___ 66+yrs.
3. The house is _____ square feet in size. Year of construction: _____.
4. Windows: Frame Type: Wood Vinyl Aluminum Wood Clad
 Number of Panes: 1 2 3 Storm Windows: Y N
5. Insulation (R) values: Ceilings:____, Walls:____, Crawl Spaces:____, Band Joist:____
 My home is insulated but I am unsure of the insulation (R) values.
 Parts of my home are insulated, but I am unsure of the insulation (R) values.
 My home is not insulated at all.

B. Major electrical appliances in the home:

| | No: | Yes: | Quantity: | Size: |
|-----------------------|--------------------------|--------------------------|-----------|-------|
| Range / Oven | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Dishwasher | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Refrigerator | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Food Freezer | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Water Heater | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Hot Tub / Jacuzzi | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Swimming Pool | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Washing Machine | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Clothes Dryer | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Dehumidifier | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Humidifier | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Window A. C. Unit | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Central Air Condition | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Water Bed Heater | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Space Heater | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Stock Heater | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Septic Aerator | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Other: _____ | | | _____ | _____ |

C. Type of heating system used in the home:

Fossil Fuel Heat:

- ___ Natural Gas Furnace
- ___ L.P. Gas Furnace
- ___ Fuel Oil Furnace
- ___ Wood / Coal Furnace
- ___ Wood / Coal Stove

Electric Heat: Size _____ kW

- ___ Baseboard
- ___ Ceiling Cable
- ___ Electric Furnace
- ___ Heat Pump with an electric furnace backup.
- ___ Heat Pump with a gas or oil furnace backup.

D. High resistance service cable ground fault and meter creep check.

(Note: This does not check the accuracy of the electric meter.)

1. Turn off the main breaker or disconnect switch. This should turn everything off.
2. Observe the electric meter outside. The meter disk should come to a complete stop. If the Meter disk is still moving very slowly do not be alarmed. In order for there to be a problem, the meter disk must make one full revolution within a ten minute period or less.
 Did the meter disk stop? Yes _____ No _____ (If no, a full revolution was made in _____ minutes.)
3. Turn on the main breaker or disconnect switch. Everything should be back to normal condition.

E. Electric meter readings documentation:

In order to help you discover a usage pattern and analyze your electric usage, we need your help by providing us with a short usage history. We ask that you record your electric meter readings **5 or 6** times a day for a **continuous 7-day period**. Please record your meter readings on the back of this form and document the date, time and what was being done during the usage period. We understand that someone may not always be home each day to record a meter readings, in which case three daily readings are better than none at all. After recording your meter readings for a seven-day period, please return this form to the office. An Energy Cooperative Representative will contact you to inspect your electric service, check the voltage, test your electric meter and review your electrical usage.

