

Client Application

Project Information

Residential Commercial

Project: Date:

Point of Contact and Title

Address: Suite/Unit #

City State ZIP Code

Phone: Area: sf Year built/Completion date

Fax: Number of floors Number of people to occupy the building

E-mail: Hours of operation?

Technical Information

Architectural/Contract drawings/submittals on file? YES NO

Architectural Company:

Engineer/Consultant Company:

Utility Company:

Previous Energy Audit? YES NO

If yes, provide Company and date

Services

Please check services needed.

- Review goals and objectives (i.e. reduce operating costs)
Advise a realistic budget and schedule
Advise work implementation
Review Reports and Tracks results
Provide Orientation Training Programs
Advise Owner on proper Qualifications
Advise on Adequacy of the Project Budget and Schedule
Review Contract Documents
Review Contractor's Progress, Payment Applications, Change Orders, etc.
Other:

Preference of Communication

E-mail Phone Face to Face

Please complete and Email to Anchored4Generations@yahoo.com

I certify that my answers are true and complete to the best of my knowledge. If this application leads to consulting, I understand that false or misleading information in my application may result consulting denial.

Signature: Date: