

ProgramRegistration Submit your completed form by mail, fax, or email (see reverse)

DATE _

First Name		_ Last Name		Day Phone
Cell Phone	E	Eve Phone		Fax
Email				
•			•	different)
Do you own this home?	Yes O No O	Do you live in th	is home? Yes	O No O
What type of home?	single-detached O other O (please specify		duplex O	mobile home O
Primary Heat Source?	Natural Gas O	Electric O	Other	
Have you ever complete If yes, when?				e? Yes O No O
•	ebsite O Newspa		•	O Another website
Costs				
There is a fee for the pre	-			s necessary to complete both in order to access coordinator at 250-509-2021 .
·	program to provide t	he information on th	nis form to the se	energy assessment. By filling out this form you ervice provider for the purpose of determining
Energy saving tips	,	g,		
Switch to energy efficien			· ·	es to dry 🗸 Wash in cold water 🗸
Sign out a 'Kill-A-Watt' e (These monitors are available at	nergy consumption m	nonitor to determine		✓ Maintain your space and water heating systems of uging in' is costing you ✓
BUSINESS				
Business Name	s Name Business Owner Name			
Phone	Email			
Business physical address	SS		Mailing (if different)	
				• • • • • • • • • • • • • • • • • • • •
ADMINISTRATION ONL				
Registration sent to City	Green			
Date of Assessment Post Assessment				
Sent Financing Information	on			
Notes:				