

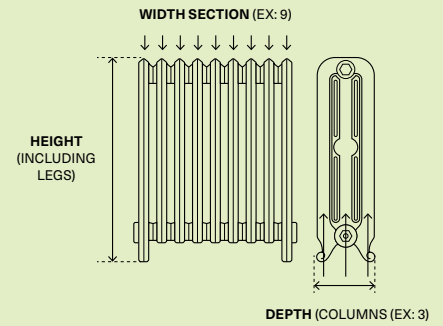
PROJECT EVALUATION FORM

ORGANIZATION		CONTACT NAME	
STREET NUMBER AND NAME		POSITION	
CITY STATE / PROVINCE ZIP / POSTAL CODE		TELEPHONE	
COUNTRY		EMAIL	

[illegible]



YESTERDAY'S
COMFORT. TODAY'S
PERFORMANCE.



PROJECT EVALUATION FORM

SUPPLEMENTAL INFORMATION

WHAT PROBLEMS ARE YOU TRYING TO RESOLVE?	
WHAT OBSTACLES ARE YOU CONCERNED ABOUT?	
AGE OF BUILDING	
AGE OF INSULATION	
AGE OF BOILER	
WATER TEMPERATURE (SET OPERATION)	°C or °F --
ANNUAL MAINTENANCE FEE	
WHAT ELECTRIC POWER (VOLTAGE) IS AVAILABLE OR PREFERRED?	

PLEASE PROVIDE A COPY OF YOUR GAS, HEATING OIL, AND/OR ELECTRIC BILLS, OR FILL IN COMPLETE DETAILS BELOW.

ANNUAL ENERGY CONSUMPTION	NATURAL GAS: Ccf or m3 --	HEATING OIL: Gallon or liters --
ANNUAL ENERGY COST	NATURAL GAS: \$ / Ccf or m3 --	HEATING OIL: \$ / Gallon or liters --
ANNUAL SERVICE FEE		
LOCAL ELECTRICITY SUPPLIER		
YOUR AVERAGE COST OF KWH	\$ / KWH	
PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO THE BUILDING OR HEATING SYSTEM (EX. PLANNED REPAIRS, PREVIOUS DAMAGE, ETC.)		

SEND FORM TO: INFO@ECORADINC.COM